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104th Congress — 2d Session • January 3–October 4, 1996

House Document

No. 245

FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
104th CONGRESS
JANUARY 1–DECEMBER 31, 1995
VOLUME 2 OF 3

United States Congressional Serial Set

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104th Congress, 2d Session - - - - - - - - - - - - - House Document 104–245

FINANCIAL DISCLOSURE REPORTS OF MEMBERS OF THE UNITED STATES HOUSE OF REPRESENTATIVES OF THE 104TH CONGRESS FOR THE PERIOD JANUARY 1, 1995 TO DECEMBER 31, 1995

COMMUNICATION

FROM

THE CLERK OF THE HOUSE OF REPRESENTATIVES

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO 2 U.S.C. 703(d)(1) AND RULE XLIV, CLAUSE 1, OF THE HOUSE RULES

(Volume 2 of 3)

JULY 17, 1996.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

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OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

(13)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

PORTER J. GOSS (Full Name)
3869 GULF DRIVE (Mailing Address)
SANIBEL, FLORIDA 33957
202-225-2536 Daytime Telephone

MC HAND DELIVERED (Office Use Only)

Filer Status	☒ Member of the U S House of Representatives — State Florida District 14th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 10 May 1996

Name PORTER J. GOSS

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Community Bank of the Islands	Spouse Director fee	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name PORTER J. GOSS

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples SP Mega Corp Stock				X								X							X									P
DC	124 Main St. Dover, De							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
SP	Berkshire Life Insurance Co.	NA											Annuity							X									
SP	National Life of Vermont	NA											Annuity								X								
	Aetna Life Insurance			X											X					X									
SP	(Stock) Fishers Island Utility Co, NY			X									X							X									
JT	(NOW accounts) Community Bank of the Islands			X											X					X									
	(Continued on next page)																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PORTER J. GOSS

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Note from sale of Roller Tract partnership (sold 10/2/89) of undeveloped property - Lee County, Florida:																												
	Arzy	X											Int & Princ.									X							Paid off
JT	Fishers Island Park NY undeveloped real property							X											X										
JT	(Stock) Fishers Island Development Co			X															X										
	(Trustee NOW account) South Florida Bank, FL		X												X				X										
SP	(Stock) Community Bank of the Islands	X											X						X										S
SP	Barnett Banks,Inc (Stock)					X							X						X										P
JT	South Florida Bank, FL (Stock)		X																X										
JT	Fleet Bank, CT (NOW Account)		X												X				X										
SP	(Partial Interest Beneficiary) Charles Oliver Trust					X							X										X						
	Schedule III continues on pages 5, 6, 7, 8, 9 & 10																												

This page may be copied if more space is required.

PART III - ASSETS AND "UNEARNED INCOME - PORTER J GOSS
(STOCKS UNLESS OTHERWISE NOTED B - BOND)

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	AMP Inc	C	Dividend & Split	II	
SP	A T & T Corp	D	Dividend	III	
SP	Abbott Laboratories	D	Dividend	III	
SP	Air Products & Chemicals	E	Dividend	IV	
SP	Airtouch Communication Inc	B	None	I	
SP	Allegheny Co Hosp Devel Auth PA (B)	C	Interest	III	
SP	Allentown Sch Dist PA DTD 4 1-86 (B)	C	Interest	III	
SP	Aluminum Company of America	D	Dividend & Split	III	
SP	American Brands	C	Dividend	III	
SP	American Home Products	G	Dividend	VI	
SP	American International Group Inc	C	Dividend & Split	I	
SP	Ameritech Corp	E	Dividend	V	
SP	Argonaut Group Inc	B	Dividend	I	
SP	Atlantic Richfield	E	Dividend	V	
SP	BHC Communications Inc	C	None	I	
	Bank of Boston Corp	B	Dividend	I	
SP	Bell Atlantic Corp	E	Dividend	V	
SP	Bellsouth Corp	D	Dividend & Split	III	
SP	Bethel Pa Mun Auth Sch Bldg Rev (B)	B	Interest	II	S
SP	Same as Above		Cap Gains	II	
SP	Boyertown Area Sch Dist PA (B)	C	Interest	III	
SP	Brinker International Inc	C	None	I	
SP	Bristol Myers Squibb Co	E	Dividend	IV	
SP	Broward Cnty Fla Hsg Fin Auth (B)	C	Interest	III	S
SP	Same as Above		Cap Gains	I	
SP	Broward Cnty Florida (B)	D	Interest	III	
SP	Bucks Cnty Pa Cmnty College Auth (B)	D	Interest	IV	
SP	Burlington Northern Santa Fe Corp (Merger - was Burlington Northern Inc)	F	Dividend	IV	
SP	Burlington Resources Inc	E	Dividend	III	

PART III - PORTER J. GOSS

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	CPC International Inc	E	Dividend	IV	
SP	CSX Corp	C	Dividend & Split	III	
	Carnival Cruise Lines Inc	B	Dividend	I	
SP	Chevron Corp	D	Dividend	III	
SP	Cisco Systems Inc	C	None	I	
SP	Clay Cnty Fla Gas Tax Rev Ref (B)	C	Interest	III	
SP	Cnty Wtr Swr Dist Collier Fla (B)	C	Interest	III	
SP	Coca Cola Co	G	Dividend	V	S
	Same as Above		Cap Gains	V	
SP	Corestates Financial Corp Pa	C	Dividend	III	
SP	Corry Area Sch Dist Pa (B)	C	Interest	III	
SP	D F Special Stock Fund	E	Divs & Int & Gains	III	P
SP	D P L Inc	C	Dividend	III	
SP	Dade Cnty Fla Spl Oblig Miami (B)	D	Interest	IV	
SP	Dade Cnty Fla Wtr Swr Sys Rev (B)	D	Interest	III	P
SP	Disney Walt Co	E	Dividend	II	
SP	Dow Chemical Co	E	Dividend	V	
SP	DuPont E I De Nemours & Co	D	Dividend	IV	
SP	Eastman Chem Co	C	Dividend	II	
SP	Eastman Kodak Co	D	Dividend	III	
SP	Easton Pa Rfdg Ser A Fgic (B)	D	Interest	IV	
SP	El Paso Natural Gas Co	C	Dividend	III	
SP	Emerson Electric	D	Dividend	III	
SP	FPL Group Inc	D	Dividend	III	
SP	Fed Natl Mtg Assn Inc.	D	Dividend	III	
*2	Federated Trust for Gov't (Bght/sold within 4 days)	E	Interest	I	P,S(Sold1-2-96)
SP	First USA Inc	C	Interest	I	
SP	Florida Progress Corp	C	Dividend	III	
SP	Florida St Pollution Ctl (B)	C	Interest	III	
SP	Fort Myers Fla Impt Rev	D	Interest	IV	
SP	Fort Lauderdale Fla Excise Tax (B)	C	Interest	III	

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	General Electric	G	Dividend	VI	
*2	General Motors Corp	D	Dividend	II	
SP	Georgia Pacific Corp	C	Dividend	III	
SP	Gillette Co	D	Dividend & Split	II	
*2	Heinz H J Co	C	Dividend & Split	III	
	Hewlett-Packard Co	C	Dividend & Split	I	
SP	Home Depot Inc	D	Dividend	II	
SP	Intel Corp	C	Dividend & Split	I	
SP	International Business Machine	E	Dividend	IV	
SP	International Fund	D	Divs & Int & Gains	II	P
SP	Jacksonville Fla Elec Auth Rev (2005) (B)	D	Interest	IV	
SP	Johnson & Johnson	D	Dividend	III	
SP	K Mart Corp	C	Dividend	III	
SP	Keystone Oaks Pa Sch Auth Sch (B)	C	Interest	III	
SP	Kimberly-Clark Corp	C	Dividend & Split	II	P
SP	King World Productions Inc	C	None	I	
SP	Kissimmee Fla Elec & Wtr Rev (B)	C	Interest	III	
SP	Lackawanna Cnty Pa New Pub Hsg (B)	C	Interest	III	
SP	Lee Cnty Fla Cap Impt Rev Ser A (B)	D	Interest	III	P
	Lee Cnty Fla Transn Facs (B)	None	Interest	II	S
	Same as Above		Cap Gains	I	
SP	Lifeline Systems Inc	C	None	I	
SP	Lower Moreland Twp Auth (B)	C	Interest	III	
SP	Lubrizol Corp	C	Dividend	III	
SP	May Department Stores	D	Dividend	III	
SP	McDonalds Corp	D	Dividend	II	
SP	Merck & Co Inc	G	Dividend	V	
SP	Miami Beach Fla South Pointe (B)	None	Interest	IV	S
	Same as Above		Cap Gains	II	
SP	Microsoft Corp	D	None	I	
SP	Millcreek Twp Pa Swr Auth Swr (B)	B	Interest	II	

PART III - PORTER J. GOSS

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	Millipore Corp	C	Dividend & Split	II	
SP	Minnesota Mining & Manufacturing	G	Dividend	VI	
SP	Montgomery Cnty PA (B)	D	Interest	IV	
SP	Motorola Inc	D	Dividend	II	
SP	Norfolk Southern Corp	E	Dividend	IV	
SP	Nynex Corp	C	Dividend	II	
SP	Orange Cnty Fla Solid Waste (B)	C	Interest	III	
SP	Orange Cnty Fla Wtr & Swr Rev (B)	None	Interest	III	S
	Same as Above		Cap Gains	I	
SP	Osceola Cnty Fla Gas Tax Rev (B)	D	Interest	IV	
SP	Overriding Royalty In State Oil Leases, LA	G	Royalty	VIII	
SP	PNC Core Equity Fund	E	Dividend	IV	
*2	PNC Financial Corp	G	Dividend	VI	
SP	PNC Fund	D	Dividend	III	
SP	PNC Intermediate Municipal Fund	F	Dividend	VI	
*2	PNC International Equity Fund	C	Dividend	II	S & P
	Same as Above		Cap Gains	I	
SP	PNC Long Term Municipal Fund	E	Dividend	V	
SP	PNC Pennsylvania Muni	F	Dividend	I	P
*2	PNC Small Cap Growth Fund	C	Dividend	I	P
SP	PPG Industries Inc	G	Dividend	V	
SP	Pacific Telesis Group	B	Dividend	II	
SP	Pasco Cnty Fla Wtr & Swr Rev (B)	D	Interest	IV	
SP	Penna St Higher Edl Facils Auth (B)	C	Interest	II	
SP	Penney J C Co Inc	D	Dividend	IV	
SP	Pennsbury Sch Dist Pa (B)	C	Interest	III	
SP	Pennsylvania St (394853) (B)	C	Interest	III	
SP	Pennsylvania St (394853) (B)	C	Interest	III	
SP	Pennsylvania St Genl Obl (B)	D	Interest	III	
SP	Pennsylvania St Pub Sch Bldg (B)	C	Interest	II	
SP	Pepsico Inc	E	Dividend	III	

PART III - PORTER J. GOSS

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	Philip Morris	E	Dividend	V	
SP	Pinellas Cnty Fla Swr Rev (B)	C	Interest	III	
SP	Premark International Inc	B	Dividend	I	
SP	Proctor & Gamble Co	D	Dividend	III	
SP	Providian Corp	C	Dividend	II	
SP	Puerto Rico Housing Auth (B)	B	Interest	II	
SP	Raytheon Co	D	Dividend & Split	III	
SP	Royal Dutch Pete Co	D	Dividend	III	
SP	SBC Communications (Name Change - was Southwestern Bell Corp)	C	Dividend	II	
SP	Salt River Proj Agric Impt & Pwr (B)	None	Interest	II	S
	Same as Above		Cap Gains	I	
SP	Sara Lee Corp	C	Dividend	II	
SP	Schlumberger Ltd	C	Dividend	II	
SP	Sebring Fla Wtr & Wastewtr Rev (B)	D	Interest	IV	
SP	Seminole Cnty Fla Sch Dist (B)	D	Interest	III	
SP	Shade Central Pa City Sch Dist (B)	D	Interest	IV	
SP	South Florida Wtr Mgmt Dist Spl (B)	None	Interest	IV	S
	Same as Above		Cap Gains	II	
SP	Southwestern Bell Corp (Now SBC Communications)	None	None	I	
SP	St Petersburgh Fla Excise Tax (B)	C	Interest	III	
	TRW Inc	C	Dividend	II	
SP	Transamerica Corp	C	Dividend	II	
SP	U S West Communications (Spinoff from U S West)	D	Dividend	IV	
SP	U S West Inc	C	Dividend	II	
SP	Upper St Clair Twp Pa Sch Auth (B)	B	Interest	II	
SP	Volusia Cnty Fla Hosp Rev (B)	None	Interest	IV	S
	Same as Above		Cap Gains	III	
SP	WMX	C	Dividend	II	
*2	Wal-Mart Stores Inc	F	Dividend	IV	

PART III - PORTER J. GOSS

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	West Goshen Sewer Auth Pa (B)	B	Interest	II	S
SP	Same as Above		Cap Gains	I	
SP	Xerox Corp	D	Dividend	III	
SP	Xyplex	None	None	I	S
	Same as above		Cap Gains	I	
SP	Zoll Medical Corp	C	None	I	

*2 - Owned separately by spouse and filer

SCHEDULE IV — TRANSACTIONS

Name PORTER J. GOSS

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	Example Mega Corporation Common Stock	X			10–12–95		X								
	See page 12														

This page may be copied if more space is required.

SCHEDULE IV - TRANSACTIONS - PORTER J. GOSS

OWNER	ASSET	TRANSACTION	DATE	AMOUNT OF TRANS.
SP	Barnett Banks Inc.	Trade(Comm. Bank)	10-16-95	E
SP	Bethel Pa Mun Auth Sch Bldg Rev (B)	Partial Sale	4-1-95	B
SP	Broward Cnty Fla Hsg Fin Auth (B)	Partial Sale	4-1-95	B
SP	Coca Cola Co	Partial Sale	8-25-95	B
SP	Community Bank of the Islands	Trade(Barnett Banks)	10-16-95	D
SP	DF Special Stock Fund	Purchase	9-1-95	C
SP	Dade Cnty Fla Wtr Swr Rev(B)	Purchase	10-11-95	C
*2	Federated Trust For Government	Purchase	12-29-95	E (Sold 1-2-96)
SP	International Fund	Purchase	9-18-95	C
SP	Kimberly Clark	Purchase	5-15-95	C
SP	Lee Cnty Fla Cap Impt Rev Ser (B)	Purchase	9-27-95	C
	Lee Cnty Fla Transn Facs (B)	Called	10-1-95	B
SP	Miami Beach Fla South Pointe (B)	Called	9-1-95	D
SP	Orange Cnty Fla Wtr & Swr Rev (B)	Called	4-1-95	C
	PNC International Equity Fund	Purchase	11-10-95	B
SP	PNC International Equity Fund	Sale	6-9-95	C
SP	PNC Pennsylvania Muni	Purchase	12-29-95	F
*2	PNC Small Cap Growth Fund	Purchase	11-10-95	B
	Roller Tract Partnership-Arzy	Paid Off Note	1-20-95	B
SP	Salt River Proj Agric Impt & Pwr (B)	Called	1-1-95	C
SP	South Florida Wtr Mgmt Dist Spl (B)	Called	10-1-95	D
SP	Volusia Cnty Fla Hosp Rev (B)	Called	12-1-95	D
SP	West Goshen Sewer Auth Pa (B)	Partial Sale	9-1-95	B
SP	Xyplex	Sale	3-9-95	B

FILER DID NOT INITIATE, GUIDE
OR DIRECT ANY OF THE
DISCLOSED TRANSACTIONS.

Name PORTER J. GOSS

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Director (unpaid)	Fishers Island Utility Company, Fishers Island, NY (resigned 2/7/95)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE [illegible] CENTER
96 MAY 15 AM 10: 00
[illegible]

HAND DELIVERED

MC (Office Use Only)

Lindsey Olin Graham
(Full Name)

1429 Longworth House Office Building
Washington, DC 20515
(Mailing Address)

(202) 225-5301
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives State SC District 03	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-15-96

Name Lindsey Olin Graham | Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	South Carolina Air National Guard; Columbia, SC	reserve pay	$ 1462.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name [illegible]

Page [illegible] of [illegible]

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		B: A None – $1,000	B: B $1,001 – $15,000	B: C $15,001 – $50,000	B: D $50,001 – $100,000	B: E $100,001 – $250,000	B: F $250,001 – $500,000	B: G $500,001 – $1,000,000	B: H $1,000,001 – $5,000,000	B: I $5,000,001 – $25,000,000	B: J $25,000,001 – $50,000,000	B: K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	D: I None – $200	D: II $201 – $1,000	D: III $1,001 – $2,500	D: IV $2,501 – $5,000	D: V $5,001 – $15,000	D: VI $15,001 – $50,000	D: VII $50,001 – $100,000	D: VIII $100,001 – $1,000,000	D: IX $1,000,001 – $5,000,000	D: X Over $5,000,000	P, S, E
SP	*Examples* SP Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Store Building, 211 [illegible] Street Central, SC		X											X									X						
JT	House, 211 1/2 Main Street Central, SC		X											X						X									
	Mass Mutual Life Insurance [illegible] IRA			X												NA						NA							
	A.G. Edwards, IRA Account Seneca, SC (See list)		X													NA						NA							
	A.G. Edwards Stocks & Securities Account (See list)			X									X						X										
	First Union Bank, Investment Account Walhalla, SC		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lindsey Olin Graham

Page 4 **of** 7

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	First Union Bank, Checking Account Walhalla, SC		X												X				X										
	Loan Receivable from Lindsey O. Graham Campaign Fund				X									NA					X										
	Lot # 6, Section I, Cross Creek Plantation; Seneca, SC				X										NA				X										
	Putnam Investment Health Sciences, Class A		X										X						X										
	Putnam Investment Health Sciences, Class A		X													X			X										
JT	Charles Schwab & Co, Inc. Cash Account		X												X					X									
	First Union Bank, Savings Account Walhalla, SC		X												X				X										

This page may be copied if more space is required.

Name Lindsey Olin Graham	Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

			Amount of Liability									
SP DC JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	First Union National Bank, Walhalla, SC	personal loan		X								
	First Union National Bank, Walhalla SC	personal loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22-23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

Name Lindsey Olin Graham

Page 6 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Court Appointed Special Advocates	April 23-25	Greenville, SC - Houston, TX - Greenville, SC	Y	Y	N	N
	British Nuclear Fuels Limited, Incorporated	June 30 - July 9	Washington, DC - London, England - Atlanta, GA	Y	Y	N	Y
	American Israel Education Foundation	August 15 - 23	Greenville, SC - Tel Aviv, Israel - Greenville, SC	Y	Y	N	N

This page may be copied if more space is required.

7 of 7

Lindsey Olin Graham
Continuation Sheet Supplement
Schedule III - Assets and "Unearned Income"

Assets held in A. G. Edwards Stock and Securities Account

Description		Value of Assets
Pep Boy		$ 1,001 - $15,000
Walmart		$ 1,001 - $15,000
Home Depot		$ 1,001 - $15,000
CIFRAE		$ 1,001 - $15,000
Putnam Health SC Fund		$ 1,001 - $15,000
Beauford County, SC $10,000 Face Zero Bond		$ 1,001 - $15,000
Templeton Dragon Fund		$ 1,001 - $15,000
	TOTAL	$15,001 - $50,000

Assets Held in A. G. Edwards IRA Account

Description		Value of Assets
Home Depot		$ 1,001 - $15,000
Coca Cola		$ 1 - $ 1,000
US Treasury Zero's of 2014 Bonds $5,000		$ 1,001 - $15,000
	TOTAL	$ 1,001 - $15,000

UN: ED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

⑨

HAND DELIVERED
96 MAY 15 PM 2:46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

Raymond Eugene (Gene) Green
(Full Name)

Post Office Box 16128
(Mailing Address)

Houston TX 77222

Daytime Telephone: 202-225-1688

Filer Status	☒ Member of the U.S House of Representatives	State: TX District: 29	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/96

Name Raymond Eugene (Gene) Green | **Page** of

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Aldine Independent School District Houston, Texas	Spouse/Teacher Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Raymond Eugene (Gene) Green | **Page** of

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling any deposits totalling $5,000 or less in personal savings accounts any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None "	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC, *Examples* SP	123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT	Homestead 379 County Fair Houston (Harris Co) TX	$50,001 - $100,000	No Income		
JT	Condominium	$15,001 - $50,000	Rent	$2,501 - $5,000	
SP	Two Houses, Montgomery Co Texas MCRae Lake Subdivision	$15,001 - $50,000	No Income		

Name Raymond Eugene (Gene) Green Page of

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	(No Street Address	$15,001 - $50,000	no income		
	Rural Land 20.049 Acres				
	Montgomery County, Texas				
JT	Nations Bank, Houston, Tx	$50,001 - $100,000	Interest	$1,001 - $2,500	
JT	Individual Retirement Accts	$50,001 - $100,000	Interest	$2,501 - $5,000	
	Texas Commerce Bank				
	Airline				
JT	Airline Teachers Credit	$1,001 - $15,000	Interest	$201 - $1,000	
	Union, Houston				
JT	Graphic Art Credit Union	$1 - $1,000	Interest	$1 - $200	
	Houston, Tx				
DC	Nations Bank	$1,001 - $15,000	Interest	$201 - $1,000	
	Houston Texas				
DC	Nations Bank	$1,001 - $15,000	Interest	$201 - $1,000	
	Houston Texas				
DC	First Heights FSB	$1 - $1,000	Interest	$1 - $200	
	Houston Texas				

Name Raymond Eugene (Gene) Green | **Page** of

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Prudential Insurance	$1,001 - $15,000	Interest	$201 - $1,000	
	Insurance Interest and				
	Spouse Deferred Comp.				
	International Typographical		Amount determinted upon		
	Union		retirement		
	Employee Retirement of TX		Amount determined upon		
			retirement		

Name: Raymond Eugene (Gene) Green Page of

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

[illegible] travel and travel-related expenses totaling more than $250 received by [illegible] whether a family member accompanied the traveler at the sponsor's expense, and the amount [illegible] that was [illegible] is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the [illegible] travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For other information, see instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Example: Chicago Chamber of Commerce Mega Corporation	Mar 2 Aug 6-13	Wash., D.C.-Chicago-Wash., D.C. Wash., D.C.-Los Angeles-Cleveland	N Y	N Y	N Y	N 4 Days
AIPAC Purpose of trip: Meet with government officials and [illegible] issues [illegible] [illegible]	08/04/95 to 08/14/95	Washington-Tel Aviv-Houston	Y	Y	Y	Four Days
Arctic Power Anchorage Purpose of trip: Tour the production facilities and oil fields at the North Slope as well as engaging in discussions with native Alaskans regarding the implications of exploration in ANWR	08/24/95 to 08/28/95	Houston-Anchorage-Houston	Y	Y	Y	No

Name Raymond Eugene (Gene) Green | **Page** of

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time *not* at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	Petroleos de Venezuela	10/04/95 to 10/08/95	Houston-Caracas-Houston	Y	Y	Y	No

Purpose of trip Meet with government and oil industry officials to discuss a Venezuelan investment in a Houston refinery

Name Raymond Eugene (Gene) Green | **Page** of

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Major	Texas State Gurad, Uncompensated, Serves under the State Government

Name Raymond Eugene (Gene) Green

Page of

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 2

Date	Parties To	Terms of Agreement
6-90	International Typographical Union	Upon retiring receive pension
1-93	Employee Retirement of Texas	Upon retiring receive pension

ENID GREENE
UTAH
RULES COMMITTEE

515 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-3011

125 SOUTH STATE STREET
SUITE 2311
SALT LAKE CITY, UT 84138
(801) 524-4394

Congreſs of the United States
Houſe of Repreſentatives
Washington, DC 20515—4402

HAND DELIVERED

⑨

LEGISLATIVE [illegible]
96 MAY 15 PM 2:16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 15, 1996

Robin H. Carle
Clerk of the House of Representatives
Office of Records and Registration
Room 1036
Longworth House Office Building
Washington, D.C. 20515

Dear Ms. Carle:

Enclosed for filing please find three (3) copies of my Financial Disclosure Statement for Calendar Year 1995. Please note that, in accordance with section 102(e)(2) of the Ethics in Government Act and the Instructions of the Committee on Standards of Official Conduct, I have not included in this statement any information related to my estranged husband, Joseph P. Waldholtz, as we are living apart with the intention of terminating our marriage.

Sincerely,

Enid Greene

Enid Greene

Attachments

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
(a) 96 MAY 15 PM 2:16
OFFICE OF THE CLERK
HAND DELIVERED

MC (Office Use Only)

Enid Greene
(Full Name)

515 Cannon Building, Washington, D.C. 20515
(Mailing Address)

Daytime Telephone (202) 225-3011

Filer Status: ☒ Member of the U.S. House of Representatives State UT District 02 ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, §104.)

SIGNATURE OF REPORTING INDIVIDUAL Enid Greene

DATE (Month/Day/Year) 5-15-96

Name Enid Greene	Page 1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None Reportable		

For payments to charity in lieu of honoraria, use Schedule II.

Name Enid Greene

Page 2 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1994 Aug. 13, 1994	$2,000 $500
None				

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Enid Greene

Page 3 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples	SP	Mega Corp Stock				X								X							X									P
		123 Main St, Dover, Del							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		State of Utah Pension		X										N/A-Pension Plan																
		Johnson & Johnson		X										X						X										
		George Putnam Investments	X											X			X				X									
		Missouri Pacific Railroad	X											X						X										
		Personal Loan Receivable		X												X						X								

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Enid Greene

Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	None														

This page may be copied if more space is required.

Name Enid Greene

Page 5 **of** 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	Estimated UT State Tax (1992,1993,1994)	Estimated Tax Liability from amended returns		X								
	Estimated Federal Tax (1992-1995)	Estimated Tax Liablity from amended returns			X							
	Zions First National Bank	Liability due for loan from bank on former residence	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Enid Greene	Page 6 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

This page may be copied if more space is required.

Name Enid Greene	**Page** 7 **of** 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Directors	Utah Travelers Aid Society
Member, Board of Directors	Utah Chamber Artists
Member, Board of Directors	Utah Narcotics Officer Association
Member, Board of Directors	Utah Economic Development Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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LEGISLATIVE RESOURCE CENTER ⑥
96 MAY 15 PM 5:10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

James Charles Greenwood
(Full Name)

430 Cannon House Office Building
Washington DC 20515
(Mailing Address)

Daytime Telephone 202-225-4276

Filer Status ☒ Member of the U.S. House of Representatives — State PA — District 08 ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL: James Greenwood

DATE (Month/Day/Year): 5-15-96

Name James Charles Greenwood | **Page** 2 of 6

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bucks County, Pennsylvania	spouse salary	N A
	Commonwealth of Pennsylvania	Pension for House & Senate service	$5,448 00

For payments to charity in lieu of honoraria, use Schedule II.

Name James Charles Greenwood | Page 3 of 6

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
National Food Processors Association*		speech	2/ 9/95	$ 500
National Food Processors Association*		speech	2/ 9/95	$ 500
*$1,000 divided between two charities				$

Name James Charles Greenwood | **Page** 4 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP,	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC,	*Examples* SP 123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	BONDS -- Refco strips	$1,001 - $15,000		NA	
	BONDS -- Certificate Accrual Treasury Securities	$1,001 - $15,000		NA	
	MUTUAL FUNDS -- Mentor Capital Growth Class BL	$1,001 - $15,000		NA	
	MUTUAL FUNDS -- Mentor Income & Growth Class BL	$1,001 - $15,000		NA	
	Held by Wheat, First Securities,Inc Butcher & Singer (IRA)				

Name James Charles Greenwood | **Page** 5 of 6

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude.** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
The Aspen Institute Conference of the Children's Policy Forum on "The Challenge of Parenting in the 90s"	Feb 17-20	Philadelphia - West Palm Beach, FL - Philadelphia	Y	Y	Y	No
Congressional Study Group on Germany	April 17-23	Allentown, PA - Dresden/Berlin, Germany - Allentown, PA	Y	Y	Y	No
The Aspen Institute Conference on "U S Relations with Russia, Ukraine and Eastern Europe"	August 24 - Sept 1	Wash DC - Istanbul - Wash , DC	Y	Y	Y	No

Name James Charles Greenwood

Page 6 of 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Director (unpaid)	Bucks County (PA) Council on Alcoholism
Director (unpaid)	The Woods Schools

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995 [illegible] Members, Officers, and Employees

96 MAY 15 PM 3:19

[illegible] REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

⑥

Steve Gunderson

2185 Rayburn

(Mailing Address)

225-5506

Filer Status	☒ Member of the U.S. House of Representatives	District: 3rd	☐ Officer or Employee
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. [illegible] If yes, complete and attach Schedule I	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II	Yes ☐	No ☒
III. [illegible] If yes, complete and attach Schedule III	Yes ☒	No ☐
IV. [illegible] If yes, complete and attach Schedule IV	Yes ☐	No ☒
V. [illegible] If yes, complete and attach Schedule V	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any [illegible] If yes, complete and attach Schedule VI	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any [illegible] If yes, complete and attach Schedule VII	Yes ☒	No ☐
VIII. [illegible] If yes, complete and attach Schedule VIII	Yes ☒	No ☐
IX. [illegible] If yes, complete and attach Schedule IX	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS— [illegible]	Yes ☐	No ☒
EXEMPTION— [illegible]	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

[illegible] knowingly and willfully fails to file this report may be subject to civil penalties [illegible]

SIGNATURE OF REPORTING INDIVIDUAL

5-14-96

DATE (Month, Day, Year)

Name Steve Gunderson

Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

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Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Dutton, Inc.												Book Advance										X						
	Mobile Home, Rt. 2 Osseo, WI			X										X					X										
	Savings Acct. PigeonFalls Bank Pigeon Falls. WI		X												X				X										
	Federal Credit Union	X													X				X										
	IRA John Melby Bank Whitehall WI			X											X					X									

For additional assets and unearned income, use next page.

Name Steve Gunderson

Page 3 of 6

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–95		X								
	Kirby Road House became primary residence in July when primary residence on 44th St., NW was sold.			X						X					

This page may be copied if more space is required.

Name Steve Gunderson | Page 4 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Union Bank of Blair Blair, WI	Personal loan, unsecured		X								
	Jackson County Bank Black River Falls, WI	Personal loan unsecured	X									
	Pigeon Falls State Bank Pigeon Falls, WI	Personal loan unsecured	X									
	Congressional Federal Credit Union Washington, DC	Personal loan unsecured	X									
	Tysons National Bank Tysons Corner, VA	[illegible] Kirby Rd.McLean VA Mortgage/Construction					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22-23.

Source	Description	Value
Example Mr. Joseph R. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Steve Gunderson	Page 5 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Miami Congressional Workshop	Apr.27-30	Wash., DC-Miami-DC	Y	Y	Y	N
	Mid Am Dairymen	March 28	DC-Kansas-DC	N	Y	N	N
	Associated Milk Producers	March 30	DC-Nashville-DC	N	Y	N	N
	Human Rights Campaign	Sept. 30- Oct. 1	DC-St. Louis-DC	Y	Y	Y	N
	Wisconsin Farm Bureau	Dec. 4	DC-Milwaukee-Appleton Greenbay-Detroit-DC	N	N	N	N

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Name Steve Gunderson	Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Trustee	Gallaudet University
Director	Ackley Scholarship
Member	Gundersen Medical Foundation Advisory Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac

Use additional sheets if more space is required.

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Luis V. Gutierrez
(Full Name)

2132 West Cortland, Chicago, IL. 60647
(Mailing Address)

(202) 225-8203
(312) 509-0999
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives State Illinois District 4th	☐ Officer or Employee	Employing Office.
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date.

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐ No ☒	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
5-14-96

Name Luis V. Gutierrez

Page 1 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Catholic Charities	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Luis V. Gutierrez

Page 2 **of** 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Examples SP	Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		City of Chicago:Deferred Comp.Plan		X												X				N / A										
JT		Security Federal Savings & Loan		X												X					X									

For additional assets and unearned income, use next page.

Name Luis V. Gutierrez

Page 3 of 4

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
JT	1934 W. Wabansia, Chicago, IL. (Vacant Lot)	X			8-21-95			X							

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Name Luis V. Gutierrez **Page** 4 of 4

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Manufacture, Industry and Distribution of Foodstuff Ass.	7/1 - 7/2	Chicago-S.J.Puerto Rico-Chicago	Y	N	N	N
	Puerto Rican Bankers Association	7/14 - 7/16	Washington, D.C.-Puerto Rico-Chicago	Y	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

Rep. Gil Gutknecht
425 Cannon Office Bldg.
Washington DC 20515

202-225-2472

Filer Status ☒ [illegible] ☐ [illegible]

Report Type ☒ [illegible] ☐ [illegible] ☐ [illegible] Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. [illegible] fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II	Yes ☐	No ☒
III. Did you, your spouse, or dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $[illegible] and not otherwise exempt)? If yes, complete and attach Schedule VI	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period [illegible]? If yes, complete and attach Schedule VII	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, page 11.)	Yes ☐	No ☒
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
5-11-96

Name Gil Gutknecht | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Aldrich Nursery School	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Gil Gutknecht

Page 3 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14-20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	Examples: 123 Main St., Dover, Del							X						X											X				
JT	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
JT	AT&T stock		X										X							X									
JT	Bell South stock			X									X								X								
JT	State Capital Cr. Union, savings		X												X					X									
JT	NW Bank, sav. + check.			X											X					X									
DC	Premier Bank, sav		X												X				X										
DC	NW Bank, sav. + check.		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gil Gutknecht

Page 4 of 5

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Chrysler Corp. stock (IRA)		X										RE INVESTED						X										
	Templeton Growth (IRA)		X												↓				X										P
	Oppen. Main St. Inc.+Grth. (IRA)		X																X										P
	Dean Witter Liq. Asset (IRA)		X																	X									pevously <$1000
SP	Berger 100 mutual (IRA)		X																										
SP	Templeton Growth (IRA)		X																										P
SP	Schwab money mkt. (IRA)	X																	X										
*	MN. State Retire. Sys.-def. comp. OCHS services		X																										
*	MN. State Retire. Sys. legislative pension		NO SPECIFIC VALUE																										

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Name GilGutknecht | Page 5 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	x			10–12–95		x								
	Templeton Growth Fund (IRA)	X			4-3-95	X									
	Tuscon Electric,(IRA)		X		4-3-95	X									
	PECO Energy,stock (IRA)		X		4-3-95	X									
	First BankSystem,stock (IRA)		X		4-3-95	X									
SP	Templeton Growth (IRA)	X			4-3-95	X									
	Oppenheimer Main St. Inc. (IRA)	X			4-3-95	X									
SP	Schwab money mkt. (IRA)		X		4-3-95	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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U S HOUSE OF REPRESENTATIVES

mc HAND DELIVERED
(Office Use Only)

RALPH M. HALL
(Full Name)

2236 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202) 225-6673

Filer Status ☒ Member of the U S House of Representatives State Texas District 04 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Ralph M. Hall

DATE (Month/Day/Year) May 14, 1996

Name RALPH M. HALL

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Employee Retirement System of Texas	Legislative Pension	$36,699

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name RALPH M. HALL

Page 3 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT		Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5 000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples*	SP Mega Corp Stock				X								X							X									P
DC		123 Main St., Dover, Del							X						X											X				
JT		1st Bank of Paducah, KY accounts					X									X							X							
		Securities:																												
		Crowley Holding Co., Crowley, Tex.					X							X											X					
		Lakeside National Bank, Rockwall,Tex			X									X									X							
		Lakeside BancShares, Rockwall, Tex.						X						X			X								X					S
		North & East Trading, Rockwall, Tex			X															X										
		Caddo Estates East, Caddo Mills,Tex	X																	X										

Income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RALPH M. HALL

Page 4 of 9

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Notes Receivable:																												
	North & East Trading, Rockwall, Tex.				X														X										
	R. Hampton Hall, Rockwall, Tex.				X														X										
	Brett A. Hall, Rockwall, Tex.			X											X								X						
	Hall Law Office, Rockwall, Tex.			X															X										
	Linrock, Inc., Rockwall, Tex.		X																X										
	Lakeside BancShares, Rockwall, Tex.	X													X								X						
	Oil Interest:																												
	Caddo Parish, LA		X										Royalty								X								
	Real Estate:																												
	152 Ac., Hunt County, Tex.					X													X										
	15 Ac., Henderson County, Tex.			X															X										
	2 Lots Harbor Landing, Rockwall, Tex.			X															X										
	D.C. Townhouse, Washington, D.C.					X								X						X									
	451 Ac., Jack County, Tex.					X								X								X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RALPH M. HALL

Page 5 **of** 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Partnership Interest:																												
	Chihal Limited, Rockwall, Tex.			X															X										

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SCHEDULE IV — TRANSACTIONS

Name RALPH M. HALL

Page 6 **of** 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Lakeside Bancshares, Inc., Rockwall, Tex.		X		12/20/95		X								
	Caddo Estates East, Caddo Mills, Texas	X			10/1/95	X									

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Name RALPH M. HALL

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Lakeside National Bank, Rockwall, Texas	Business Loan & Henderson Co. & Harbor Landing Lot				X						
	First National Bank, Leonard, Texas	Harbor Landing Lot, Rockwall, Tex.		X								
	American Bank, Sherman, Texas	Crowley Holding Co. and Lakeside Bancshares Stock				X						
	Citizens State, Royse City, Texas	Business Loan	X									
	Bank of Crowley, Crowley, Texas	Jack Co. Property Mortgage			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name RALPH M. HALL

Page 8 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Community Bank, Rockwall, Texas	Business Borrowings	X									
	Lloyd Wilcox, Rockwall, Texas	Lakeside Bancshares Stock		X								
	Loretta Myers, Rockwall, Texas	Lakeside Bancshares Stock				X						
	E.K. Slaughter, Rockwall, Texas	Crowley Holding Co. Stock			X							
	Rosemary Scott, Rockwall, Texas	Business Borrowings	X									

SCHEDULE VI — GIFTS

eport the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

xclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship o you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

ote: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
xample Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name RALPH M. HALL	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Chairman and Director (unpaid)	Crowley Holding Company, Crowley, Texas
Chairman and Director (unpaid)	Bank of Crowley, Crowley, Texas
Chairman and Director (unpaid)	Lakeside National Bank, Rockwall, Texas
President and Director (unpaid)	Lakeside Bancshares, Rockwall, Texas
Chairman and Director (unpaid)	North and East Trading and Linrock, Inc. Rockwall, Texas
Partner (unpaid)	Chihal Limited, Rockwall, Texas
Manager Member	Caddo Estates East, Caddo Mills, Texas

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Tony P. Hall
(Full Name)

2560 North 23rd Road
Arlington, VA. 22207
(Mailing Address)

Daytime Telephone: 202-225-6465

Filer Status	☒ Member of the U S House of Representatives — State Ohio, District 3	☐ Officer or Employee — Employing Office:	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S.C app 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL T.P. Hall

DATE (Month/Day/Year) 5-14-96

Name Tony P. Hall

Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Halls Hand Laundry, Inc.	Spouse	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Tony P. Hall

Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Halls Hand Laundry, Inc. (1/3 interest)				X								X							X									E
JT	R.O. Assoc. (1.98% ltd. partnership)	X														(loss)			X										
JT	Signet Bank, Arlington, VA.		X												X				X										
SP	" " " "		X												X				X										
JT	Cong. Employee Federal Credit Union		X												X				X										
JT	Shearson Lehman IRA			X									X						NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tony P. Hall

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
DC	Wendy's,Mattel&Techiclone Intl. stocks		X										X						X										
SP	First Union Bank, Arlington, VA		X												X					X									

This page may be copied if more space is required.

Name Tony P. Hall

Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT	Halls Hand Laundry, Inc.(1/3 interest)			X	10/12/95			X							

This page may be copied if more space is required.

Name Tony P. Hall **Page** 6 **of** 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Mr. Michael Timmis, Grossepoint, MI.		Private air transportation for Tony, Janet and critically ill son, Matt Hall for a healing/prayer service.(received waiver from House Rule 43, clause 4, attached)	$1658.40
Parke Davis, Ann Arbor, Mich.		Contribution to the Matt Hall Cancer Fund(Rule waiver attached)	250.00
Warner Lambert, MC, Puerto Rico		" " " " " " " " " "	250.00
Warner Lambert, Co., Morris Plains, NJ		" " " " " " " " " "	250.00

Use additional sheets if more space is required.

Name Tony P. Hall

Page 7 **of** 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	International Foundation	Aug. 29–Sep.2	Wash., D.C.-Tokyo, Japan-W, DC	Y	Y	N	N

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Name Tony P. Hall | **Page** 8 **of** 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Limited Partnership	R.O. Associates – K-Mart Store
Chairman	Congressional Hunger Center
Director	Bread For The World
Trustee	Holiday Aid
President	Hall's Hand Laundry, Inc

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (ma)

Use additional sheets if more space is required.

NANCY L. JOHNSON, CONNECTICUT
CHAIRMAN
JIM BUNNING, KENTUCKY
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO
THEODORE J. VAN DER MEID
CHIEF COUNSEL

ONE HUNDRED FOURTH CONGRESS
U.S. House of Representatives
COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT
Washington, DC 20515–6328

JIM McDERMOTT, WASHINGTON
RANKING DEMOCRATIC MEMBER
BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
ROBERT A. BORSKI, PENNSYLVANIA
THOMAS C. SAWYER, OHIO
SUITE HT-2, THE CAPITOL
(202) 225-7103

December 14, 1995

The Honorable Tony P. Hall
U.S. House of Representatives
1432 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of December 14, 1995, requesting a waiver from House Rule 43, clause 4, so that you may accept transportation to Toronto this weekend to take your son to a healing/prayer service. You have stated that a friend with access to a corporate plane has offered to personally pay for its use in order to take you and your son to this event.

House Rule 43, clause 4, provides that a Member, officer, or employee of the House may not accept in any calendar year gifts worth more than a total of $250 from any source other than a relative, except as permitted by written waiver granted by this Committee.

The House Bipartisan Task Force on Ethics, in its report on the Ethics Reform Act of 1989, stated:

> . . . [G]iven the application of the gifts rule to all sources, it is essential to provide some flexibility to allow the acceptance of gifts above the limit in cases where there is no potential conflict of interest or appearance of impropriety.[1]

The plane trip you describe meets the above criteria. Accordingly, pursuant to House Rule 10, clause 4(e)(1)(E), and Rule 43, clause 4, the Committee grants you a waiver from House Rule 43, clause 4, for the purpose of permitting you to accept the transportation.

This letter applies only to the limits on acceptance of gifts. The Ethics in Government Act requires any individual who is required to file a Financial Disclosure Statement to report the source, a brief description, and the value of all gifts worth more than $250 from a single source in a calendar year. If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Nancy L Johnson
Nancy L. Johnson
Chairman

Jim McDermott
Jim McDermott
Ranking Democratic Member

NLJ/JM:elw

---

[1] REPORT ON H.R. 3660, 135 CONG. REC. H9255 (daily ed. Nov. 21, 1989).

JIM McDERMOTT, WASHINGTON
CHAIRMAN
GEORGE (BUDDY) DARDEN GEORGIA
BENJAMIN L CARDIN MARYLAND
NANCY PELOSI CALIFORNIA
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ROBERT A BORSKI PENNSYLVANIA
THOMAS C SAWYER OHIO

(202) 225-7103
SUITE HT-2 THE CAPITOL

Congreſs of the United States
House of Repreſentatives
Committee on Standards of Official Conduct
Waſhington, DC 20515–6328

FRED GRANDY, IOWA
RANKING REPUBLICAN MEMBER
NANCY L. JOHNSON, CONNECTICUT
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JON L KYL, ARIZONA
PORTER J GOSS FLORIDA
DAVID L HOBSON OHIO
STEVEN SCHIFF NEW MEXICO

BERNARD RAIMO CHIEF COUNSEL

November 3, 1994

The Honorable Tony P. Hall
U.S. House of Representatives
2264 Rayburn House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of October 28, 1994. Your son Matt has been diagnosed with acute lymphoblastic leukemia, and is currently receiving chemotherapy treatment. Next month, he will need to undergo a bone marrow transplant, and he will be under constant medical supervision for at least six months. The cost for this treatment starts at $150,000, and may reach $350,000 or even more depending on the complications. Under your current insurance coverage, there is a cap of $150,000 for bone marrow transplants. In the event it becomes necessary, you would like to have a third party establish and administer a separate fund to receive contributions from personal friends to be used solely for expenses related to your son's medical condition which are not covered by your insurance. Any funds collected which are not used for his treatment would be donated to a charity involved in helping others requiring bone marrow transplants.

House Rule XLIII, clause 4, prohibits Members of the House from accepting in any calendar year gifts (other than the personal hospitality of an individual or with a fair market value of $100 or less) aggregating more than $250, directly or indirectly, from any source other than a relative, except to the extent permitted by written waiver granted in exceptional circumstances by the Committee on Standards of Official Conduct.

The House Bipartisan Task Force on Ethics, in its report on the Ethics Reform Act of 1989, stated:

> . . . [G]iven the application of the gifts rule to all sources, it is essential to provide some flexibility to allow the acceptance of gifts above the limit in cases where there is no potential conflict of interest or appearance of impropriety.

REPORT ON H.R. 3660, 135 CONG. REC. H9255 (daily ed. Nov. 21, 1989).

The Honorable Tony P. Hall
November 3, 1994
Page 2

The Committee believes that the requisite "exceptional circumstances" exist here. Accordingly, pursuant to House Rule X, clause 4(e)(1)(E), and Rule XLIII, clause 4, the Committee grants you a waiver from House Rule XLIII, clause 4, for the purpose of permitting the establishment of a fund to help pay for your son's medical expenses.

This letter applies only to the limits on acceptance of gifts in the above-cited rule. Section 102(a)(2)(B) of the Ethics in Government Act of 1978, as amended, requires that individuals who are required to file Financial Disclosure Statements must report the source, a brief description, and value of all gifts aggregating $250 or more in value received from one source.

Should you wish to solicit contributions to this fund, you should be aware that the U.S. Code (5 U.S.C. § 7353) states that, except for reasonable exceptions provided by this Committee, a Member may not solicit anything of value from a person whose interests may be substantially affected by the performance or nonperformance of your official duties. On October 9, 1990, the Committee announced a generic exception from the solicitation restriction for efforts on behalf of charities qualified under section 170(c) of the Internal Revenue Code, subject to certain restrictions. The same announcement explained that questions regarding solicitations on behalf of other entities would be decided as they arise.

By this letter, the Committee grants approval for you to solicit contributions to the fund for your son's medical expenses, subject to the following restrictions: no official resources may be used, no official endorsement may be implied, and all funds raised must be used for your son's medical expenses (or, if not used, donated to charity). No solicitation may bear official letterhead, "Congress of the United States," "House of Representatives," "official business," or the Great Seal (House Rule 43, clause 11; 18 U.S.C. § 713).

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Jim McDermott
Chairman

Fred Grandy
Ranking Minority Member

JS:GCN

RECEIVED
LEGISLATIVE RESOURCE CENTER (9)
96 MAY 14 PM 4:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

mc (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Lee Herbert Hamilton
(Full Name)

2314 Rayburn HOB Washington DC 20515 (Mailing Address)
202/225-5315 Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives — State: Indiana District: 9	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A **$200 *penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

Lee H Hamilton
SIGNATURE OF REPORTING INDIVIDUAL

5/14/96
DATE (Month/Day/Year)

Name Lee H. Hamilton

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
NONE			

For payments to charity in lieu of honoraria, use Schedule II.

Name Lee H. Hamilton

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
Indiana University Wells Scholars		speech	4/17 or 24/95	$600

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lee H. Hamilton

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
SP	Sears Roebuck & Co. stock					X							X										X						S
JT	Sears Roebuck & Co. stock		X										X						X										S
SP	Allstate Corp. stock					X							X							X									P
JT	Allstate Corp. stock		X										X						X										P
SP	Dean Witter Discover stock				X								X								X								
JT	Dean Witter Discover stock		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name Lee H. Hamilton

Page 5 of 9

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Airtouch Communications		X													X			X										
	Pacific Telesis stock		X										X							X									
	General Motors Co. stock		X										X						X										
	AT&T stock		X										X						X										
JT	Money Market fund, Crestar Bank VA			X											X					X									
	Money Market fund, Wright Patman FCU				X										X						X								
	Growth Funds of Wash. IRA			X									X			X			N/A IRA										
SP	AMCAP fund, IRA		X										X			X			N/A IRA										
SP	John Nuveen Tax Ex.			X											X						X								
SP	Nuveen Tax Ex.		X												X					X									
SP	Bell Atlantic Corp. stock				X								X								X								
SP	Old Kent. Bk. Chg. Tax Ex. Cash Mg. fund						X								X								X						
SP	Gov't Nat. Morg. Bond		X												X				X										monthly sale of part

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SCHEDULE IV — TRANSACTIONS

Name Lee H. Hamilton

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
SP	Indiana ST HSG Fin Auth - bonds		X		01/03/95	X									
SP	Sears Roebuck & Co. - stock		X		06/30/95				X						
SP	Allstate - stock	X			06/30/95				X						
JT	Sears Roebuck & Co. - stock		X		06/30/95	X									
JT	Allstate - stock	X			06/30/95	X									

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Name Lee H. Hamilton

Page 4 **of** 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE												

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example	Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE			

Use additional sheets if more space is required.

Name Lee H. Hamilton | Page 6 of 1

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

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Name Lee H. Hamilton **Page** 4 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
NONE		

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

MELTON D. HANCOCK
(Full Name)

6220 W. FARM ROAD 140
SPRINGFIELD, MO 65802
(Mailing Address)

202-225-6536
(Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives — State MO District 7	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL
Mel Hancock

DATE (Month/Day/Year)
5/7/96

Name MELTON D. HANCOCK

Page 2 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
AMERICAN CHIROPRACTIC ASSN., WASHINGTON, D.C.		SPEECH	3-10-95	$1,000

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Name MELTON D. HANCOCK

Page 3 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples.* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	SUPPORTING SCHEDULE ATTACHED																												

For additional assets and unearned income, use next page.

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Melton D. Hancock Page 4 of 10

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Year End Value (X)									Type of Income (X)					Other Income	Category of Amount of Income (X)										Transaction (X)
SP, DC, JT		NONE	A	B	C	D	E	F	G	H	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRST		NONE	I	II	III	IV	V	VI	VII	VIII	IX	
	Federal Protection, Inc Stock (Sub S)							X			X		X												X		
	614 N Haseltine Rd, Springfield, MO						X					X											X				P
	6200 W Grand, Springfield, MO (farm)						X					X										X					
	Leased vehicle-to Fed Prot, Inc.			X								X										X					
	SDL Properties Stock (Sub S)				X						X						X										
	Note receivable-SDL Properties				X								X								X						
	Mtg on Barns Meadows-Phillip Downs				X								X								X						
	Note receivable-Ben & Lu Ann Wylie			X									X				X										P
	Note receivable-D Kim & Gayla Hancock					X							X				X										P
	State Bank SW Mo (Checking & Savings)				X								X						X								S
	Roosevelt Bank (CD)				X								X							X							
	Continental Bank (CD)		X										X						X								S
	U S Treasury note-6 mo					X							X								X						
	U S Treasury note-6 mo					X							X								X						
	U S Treasury note-2 yrs						X						X				X										P
	U S Treasury note-2 yrs						X						X				X										P
	Great Southern (Checking, Savings & CD)			X									X							X							S
	National Municipal Trust Ser (Bonds)			X									X					X									S
	Koll RE Group			X							X						X										
	ShowMe Financial Stock				X						X						X										
	A S A Stock				X						X									X							
	Cifra Safe De ADR's			X							X						X										
	Fidelity Magellan Fund				X						X										X						P
	Houston Industries (Common Stock)				X						X									X							P
	American Electric Power (Common Stock)				X						X									X							P
	Dreyfus Worldwide Fund						X				X											X					P
	20th Century Funds-(Mutual Funds)						X				X												X				P
	Union Electric (Common Stock)			X							X								X								
	Vanguard Prime (Mutual fund)					X					X										X						P
	United Services Gold Fund (Stock)		X								X								X								P,S
	Great Southern Savings (Stock)						X				X											X					
	Battle Mtn Gold (Stock)		X								X						X										S
	Central Mtg Bankshares (Stock)		X								X						X										[illegible]
	Mercantile Bankshares (Stock)			X							X						X										E
	Scottsdale Securities (Brokerage a/c)			X							X		X						X								S
	USAA Aggressive Growth (Mutual Fund)		X								X						X										S
	USAA Growth Fund (Mutual Fund)		X								X						X										S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Melton D. Hancock Page 5 of 10

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset Year End Value (X)									BLOCK C Income Type of Income (X)						Category of Amount of Income (X)										BLOCK D Transaction (X)
SP, DC, JT		NONE	A	B	C	D	E	F	G	H	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRST	Other Income	NONE	I	II	III	IV	V	VI	VII	VIII	IX	
	Vanguard Index 500 (Mutual Fund)					X					X									X							P
	United Services Government Money Mkt Fund			X							X						X										P
	Guaranty Federal Savings (Stock)			X							X						X										P
	Citizens Utilities Class B (Stock)			X							X						X										P
SP	T Rowe Price-(IRA-SEP)-Spouse				X						X						NA										
	T Rowe Price-(IRA-SEP)-Mel						X				X						NA										
	20th Century Funds-Pension					X					X						NA										
	20th Century Funds Profit Sharing					X					X						NA										
SP	S I McDaniel Trust (1/2 Interest)																										
	Centerland Fund (Money Market a/c)		X										X				X										E
	Pilot Short Term Fund		X										X				X										E
	Boatmens Trust Int Exempt Fund				X								X						X								
	Land-2405 S National, Springfield, Mo (Includes rental house & 15 Acres)						X					X					X										

SCHEDULE IV — TRANSACTIONS

Name MELTON D. HANCOCK | **Page** 6 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	SUPPORTING SCHEDULE ATTACHED														

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SCHEDULE IV - TRANSACTIONS

MELTON D. HANCOCK

S,DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	B	C	D	E	F	G	H
	614 N Haseltine building improvements	X			21-Feb-95			X				
	National Muni Trust Series Fund (bonds) maturities		X		Monthly 1995	X						
	Battle Mountain Gold (stock) sold		X		20-Dec-95	X						
	USAA Aggressive Growth fund sold		X		2-May-95		X					
	USAA Growth fund sold		X		2-May-95		X					
	US Gold shares fund sold		X		29-Dec-95	X						
	Continental Bank CD redeemed		X		21-Jan-95		X					
	Great Southern CD matured & cash withdrawn & invested		X		Various 1995				X			
	State Bank of SW Mo cash withdrawn & invested		X		Various 1995			X				
	Scottsdale Securities cash withdrawn & invested		X		Various 1995		X					
	Central Mortgage exchanged for Mercantile Bancshares			X	4-May-95	X						
	United Services Govt. Money Mkt purchased	X			29-Dec-95	X						
	US Treasury note purchased	X			16-Jan-95			X				
	US Treasury note purchased	X			28-Feb-95			X				
	Centerland Money Fund became Pilot Fund		X		30-Jun-95	X						
	Loan to Ben & Lu Ann Wylie	X			1-Nov-95	X						
	Loan to D Kim & Gayla Hancock	X			15-Oct-95			X				
	Guaranty Federal Savings purchased	X			16-Aug-95	X						
	Citizens Utilities class B purchased	X			1-Feb-95	X						
	American Electric Power purchased	X			6-Jan-95	X						
	American Electric Power dividends reinvested	X			Various 1995	X						
	Houston Industries dividends reinvested	X			Various 1995	X						
	Dreyfus Worldwide fund dividends reinvested	X			Various 1995	X						
	Fidelity Magellan dividends reinvested	X			Various 1995	X						
	Twentieth Century Growth dividends reinvested	X			Various 1995		X					
	US Gold shares fund dividends reinvested	X			Various 1995	X						
	Vanguard Index 500 dividends reinvested	X			Various 1995	X						
	Vanguard Prime fund dividends reinvested	X			Various 1995	X						

Name MELTON D. HANCOCK

Page 8_ of 10

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash , D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	INTERNATIONAL TAX GROUP	2-17-95	SPFLD.,MO-ST.LOUIS,MO-SPFLD.,MO	N	Y	N	N
	FEDERALIST SOCIETY	4-26-95	SPFLD.,MO-ST.LOUIS,MO-SPFLD.,MO	N	Y	N	N
	ASSOCIATION OF PROGRESSIVE RENTAL ORGANIZATIONS	8-7-95	SPFLD.,MO-LAS VEGAS,NV-SPFLD.,MO	Y	Y	Y	N

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Name MELTON D. HANCOCK

Page 9 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	SUPPORTING SCHEDULE ATTACHED

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

SCHEDULE VIII - POSITIONS

Melton D. Hancock Page 10 of 10

Positions	Name of Organization
Chairman of the Board	Federal Protection, Inc. Springfield, Mo
President & Chairman of the Board	Taxpayers Survival Association 6200 W Grand, Springfield, Mo
President	S.D.L. Properties, Inc. 6200 W Grand, Springfield, Mo
Co-Trustee	Federal Protection Pension Plan Springfield, Mo
Co-Trustee	Federal Protection Profit Sharing Plan Springfield, Mo
Honorary Chairman	Hancock II Committee A Missouri State Campaign Committee Springfield, Mo

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Page 1 of 8

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

JAMES V. HANSEN
(Full Name)

2466 RAYBURN HOB
(Mailing Address)

WASHINGTON, D.C. 20515

Daytime Telephone (202) 225-0453

DELIVERED
MC
(Office Use Only)

Filer Status ☒ Member of the U.S. House of Representatives State UTAH District 1st ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL James V. Hansen

DATE (Month/Day/Year) 5/8/96

Name JAMES V. HANSEN	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding [illegible]. For further information, see Instructions, pages 12-13.

Source	Type	Amount
Examples: [illegible]	Approved Teaching Fee	$6,000
[illegible]	Legislative Pension	$5,000
[illegible]	Spouse Speech	[illegible]
[illegible]	Spouse Salary	NA
[illegible] PENSION PLAN	PENSION	$3,948.84

For payments to charity in lieu of honoraria, use Schedule II

Name JAMES V. HANSEN

Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for Income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP,	Examples: SP Mega Corp. Stock				X								X							X									P
DC,	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Office Bldg. at 60 S. 200 W. Farmington, UT 84025					X								X									X						
JT	Building Lots (3) Woodland Springs, Plat A, Farmington UT					X													X										
JT	Wright-Patman Credit Union		X												X				X										
JT	Mountain America Credit Union (savings)	X													X				X										
JT	America First Credit Union (savings)	X													X				X										
JT	United States Savings Bonds			X											X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES V. HANSEN

Page 4 of 8

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Davis Schools Credit Union	X													X				X										
	State of Utah Retirement Plan		UNDETERMINABLE ******																										
	State Farm Ins. Co. Pension		UNDETERMINABLE ******												(SEE SCHEDULE I)														

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name JAMES V. HANSEN

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–95		X								
JT	Dean Whitter-Reynolds Telecommunications Fund		X		8-7-95	X									

This page may be copied if more space is required.

Name JAMES V. HANSEN

Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	Zions First National Bank	Mortgage on Rental Office 60 S. 200 W. Farmington, Utah 84025		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name JAMES V. HANSEN | Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Western States Coalition	July 14 to Jul.15	Salt Lake - Albequrque return to Salt Lake	Y	Y	N	N
	Western Regional Council	Dec. 1	Salt Lake - Phoenix return to Salt Lake	N	N	N	N

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Name JAMES V. HANSEN	**Page** 8 **of** 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Chairman	Western Caucus, U.S. House of Representatives
Co-Chairman	Depot Caucus, U.S. House of Representatives
Co-Chairman	Anti-Smoking Caucus, U.S. House of Representatives

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE.	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

HAND DELIVERED

JANE HARMAN

MEMBER OF CONGRESS
CALIFORNIA

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 15 AM 9:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(42)

May 14, 1996

MC

The Honorable Nancy Johnson
The Honorable Jim McDermott
Committee on Standards of Official Conduct
U.S. House of Representatives
Suite HT-2, The Capitol
Washington, D.C. 20515

Dear Chairwoman Johnson & Vice Chairman McDermott:

Today I am filing the personal financial disclosure statement for calendar year 1995, filed pursuant to the Ethics in Government Act.

For the record, I would note that certain entries in prior years for a dependent child have been removed from this year's report, as required by law, because as of 1995, he was no longer a dependent.

Also, in the case of two transactions appearing in this report--the expiration of the Sidney Harman 1988 Grantor Income Trust and my husband's contribution of Harman International Common stock to the Harman Family Foundation--the transactions have been marked as a "sale" transaction to indicate disposition of these assets, notwithstanding that as a technical matter, no "sale" was in fact involved. The software provided by the Committee did not offer any alternatives to this designation, and so it was used to clarify that a disposition of these assets occurred last year in the manner described.

Very truly yours,

Jane Harman

Jane Harman

NOT PRINTED AT GOVERNMENT EXPENSE

⑫

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

ORIGINAL

[illegible] HARMAN
(Full Name)

[illegible] SUITE 900
(Mailing Address)

LOS ANGELES CA [illegible]

Daytime Telephone
[illegible]-348-8[illegible]

[illegible] CENTER
96 MAY 15 AM 9:19

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MC
(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status: ☒ Member of the U.S. House of Representatives State CA District 36 ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule I**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- [illegible] Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details [illegible] benefiting you, your spouse, or dependent child? (See Instructions, pages [illegible])	Yes ☐	No ☒
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page [illegible])	Yes ☐	No ☒

CERTIFICATION - THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting [illegible] Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who [illegible] civil and criminal sanctions. [illegible] 6 104.

SIGNATURE OF REPORTING INDIVIDUAL
Jane Harman

DATE (Month/Day/Year)
5/14/56

Name JANE HARMAN | **Page** 1 **of** 8

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	HARMAN INT'L INDUSTRIES INC	SPOUSE - SALARY	N/A
	FIFTY-THIRD STREET VENTURES LP	SPOUSE - FEE	N/A
	FOAMEX INT'L INC - IN KIND (RECEIVED 5,400 SHARES OF COMMON STOCK)	SPOUSE - FEE	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name JANE HARMAN **Page** 2 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples.* SP Mega Corp Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	BANK ACCOUNTS:				
JT	CITY NATIONAL BANK	$15,001 - $50,000	Interest	$5,001 - $15,000	
JT	CITIBANK	$15,001 - $50,000	Interest	$201 - $1,000	
DC	NATIONSBANK	$100,001 - $250,000	Interest	$2,501 - $5,000	
	LOANS TO CAMPAIGNS	$100,001 - $250,000	Interest	$1 - $200	
	EQUITIES:				
JT	HARMAN INT'L IND INC COMMON	Over $1,000,000	Dividends	$100,001 - $1,000,000	P
SP	HARMAN INT'L IND INC OPTIONS COMMON	Over $1,000,000		$1 - $200	
SP	FOAMEX INT'L INC COMMON	$15,001 - $50,000		$1 - $200	

Name JANE HARMAN | Page 3 of 8

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

	FIXED INCOME				
SP	US TREASURY NOTE	$1 - $1,000	Interest	$5,001 - $15,000	S
SP	US TREASURY NOTE	$1 - $1,000	Capital Gains	$5,001 - $15,000	S
SP	AUSTIN TX MUNI BOND	$1 - $1,000	Interest	$5,001 - $15,000	S
SP	AUSTIN TX MUNI BOND	$1 - $1,000	Capital Gains	$15,001 - $50,000	S
SP	DC SERIES [illegible] MUNI BOND	$1 - $1,000	Interest	$5,001 - $15,000	S
SP	DC SERIES [illegible] MUNI BOND	$1 - $1,000	Capital Gain	$2,501 - $5,000	S
SP	KENAI PENINSULA AK MUNI BOND	$1 - $1,000	Interest	$15,001 - $50,000	S
SP	KENAI PENINSULA AK MUNI BOND	$1 - $1,000	Capital Gain	$15,001 - $50,000	S
SP	OK CITY GO MUNI BOND	$1 - $1,000	Interest	$5,001 - $15,000	S
SP	OK CITY GO MUNI BOND	$1 - $1,000	Capital Gains	$1,001 - $2,500	S
SP	TX HOUSING MUNI BOND	$1 - $1,000	Interest	$5,001 - $15,000	S
	REAL ESTATE LIMITED PARTNERSHIPS				
[illegible]	[illegible] (OWNING PROP [illegible] EMBASSY SUITES HOTEL)	$1 - $1,000	PARTNERSHIP INCOME	$1 - $200	
SP	SO NORWALK REDEVELOPMENT LTD (OWNING BROOKFIELD CRAFT CENTER, WASHINGTON ROW 1,2,3)	$1 - $1,000	PARTNERSHIP INCOME	$1 - $200	
	INVESTMENT LIMITED PARTNERSHIPS				
JT	FIFTY-THIRD STREET VENTURES LP	$250,001 - $500,000	PARTNERSHIP INCOME	$50,001 - $100,000	
	RETIREMENT PLAN				
SP	HARMAN INTL INDUS RETIREMENT PLAN (NOT SELF DIRECTED, HELD AT PUTNAM INVESTMENTS	$250,001 - $500,000		NA	
	TRUSTS				
SP	SIDNEY HARMAN 1988 GRANTOR INCOME TRUST (EXPIRED AT TERM 5-4-95)	$1 - $1,000	Dividends	$5,001 - $15,000	S
	JANE HARMAN 15 YEAR GRANTOR INCOME	Over $1,000,000	Dividends	$5,001 - $15,000	

Name JANE HARMAN | Page 4 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	TRUST - SOLE ASSET HARMAN INTL IND INC COMMON				
	JANE HARMAN 25 YEAR GRANTOR INCOME TRUST - SOLE ASSET HARMAN INT'L IND INC COMMON	Over $1,000,000	Dividends	$50,001 - $100,000	
	THE LAKES DESCENDANTS TRUST	$500,001 - $1,000,000	Interest	$15,001 - $50,000	
DC	THE LAKES DESCENDANTS TRUST	$100,001 - $250,000	Interest	$5,001 - $15,000	

Name JANE HARMAN | Page 5 of 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	US TREASURY NOTE	Sold	4/7/95	$250,001 - $500,000
SP	AUSTIN TX MUNI BOND	Sold	4/13/95	$250,001 - $500,000
SP	DC MUNI BOND	Sold	4/13/95	$100,001 - $250,000
SP	KENAI PENNINSULA MUNI BOND	Sold	4/13/95	$250,001 - $500,000
SP	OK CITY MUNI BOND	Sold	4/13/95	$250,001 - $500,000
SP	TX HSG MUNI BOND	Sold	4/13/95	$100,001 - $250,000
SP	HARMAN INT'L IND INC COMMON	Purchase	5/4/95	over $1,000,000
SP	HARMAN INT'L IND INC COMMON - EXERCISE OF OPTION	Purchase	7/17/95	$100,001 - $250,000
SP	HARMAN INT'L IND INC COMMON (CONTRIBUTED TO HARMAN FAMILY FOUNDATION)	Sold	9/1/95	$50,001 - $100,000

Name JANE HARMAN

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SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example.	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	NATIONSBANK, WASHINGTON DC	REVOLVING LINE OF CREDIT	over $1,000,000

Name JANE HARMAN

Page 7 **of** 8

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time *not* at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
JOHN F KENNEDY SCHOOL OF GOV'T HARVARD UNIVERSTIY CAMBRIDGE, MASS	FEB 2-3	WASH DC - BOSTON - WASH DC	Y	N	N	N

Name JANE HARMAN

Page 8 of 8

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
VICE PRESIDENT	THE HARMAN FAMILY FOUNDATION - UNCOMPENSATED
MEMBER	JOHN F KENNEDY SCHOOL OF GOV'T - HARVARD UNIVERSITY VISITING COMMITTEE - UNCOMPENSATED
TRUSTEE	JANE HARMAN 15 YEAR GRANTOR INCOME TRUST - UNCOMPENSATED
TRUSTEE	JANE HARMAN 25 YEAR GRANTOR INCOME TRUST - UNCOMPENSATED
TRUSTEE	SIDNEY HARMAN 1988 GRANTOR INCOME TRUST - UNCOMPENSATED
TRUSTEE	LAKES DESCENDANTS TRUSTS - UNCOMPENSATED
TRUSTEE	LAKES DISCRETIONARY GRANDCHILDRENS TRUST - UNCOMPENSATED

JANE HARMAN
Financial Disclosure Statement
Year Ending 12/31/95

MC

Disclosure Regarding Limited Partnership Interest and Use of Alternative Valuation Methods:

Two basic methods have been used to determine the value of each partnership interest. These methods differ as a result of the information available at the date of filing.

Method 1

Where market value statements were available, the value was determined by applying the ownership percentage of the reporting individual to the total value of the capital account reserved for limited partners. Method 1 was implemented with regard to Fifty-Third Street Ventures, LP.

Method 2

In some cases market value financial statements were not available. Accordingly, the ending capital balances for the reporting individual were used to value partnership interests. Method 2 was implemented with regard to Piscataway Centennial Associates and South Norwalk Redevelopment, Ltd.

JANE HARMAN
Financial Disclosure Statement
Year Ending 12/31/95

Attachment 1- Fifty-Third Street Ventures LP Detail of Investment Position

Description	Category of Market Value
Cash, equivalents and other	$100,001 - 250,000
Argentum Group	$1,001 - 15,000
Hycor Biomedical	$15,001 - 50,000
Nu C02 (formerly Fowler)	$100,001 - 250,000

This is a limited partnership interest with no control over investment decisions.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

96 MAY 15 PM 6:03

MC HAND DELIVERED

J. Dennis Hastert
[illegible] Route 31 P.O. Box 38[illegible]
Yorkville, Illinois 60560

202 225-2976

☒ [illegible] ☐ [illegible]
☐ [illegible] ☐ [illegible] ☐ [illegible] Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

[illegible] If yes, complete and attach Schedule [illegible]	Yes ☒ No ☐	[illegible] dependent child [illegible] aggregating [illegible] exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☒
[illegible]	Yes ☒ No ☐	VII. [illegible] dependent [illegible] If yes, complete and attach Schedule VII	Yes ☒ No ☐
[illegible]	Yes ☒ No ☐	[illegible] calendar year? If yes, complete and attach Schedule VIII	Yes ☒ No ☐
[illegible]	Yes ☐ No ☒	IX. [illegible] agreement or arrangement [illegible] If yes, complete and attach Schedule IX	Yes ☒ No ☐
[illegible]	Yes ☒ No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — [illegible] (See instructions page 10-11.)	Yes ☐ No ☒
EXEMPTION — [illegible] page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

[illegible] 1978, as amended. The Statement will be available to any requesting person upon [illegible] Any individual who knowingly and willfully falsifies, or who [illegible] U.S.C. app. 4, § 104)

SIGNATURE OF REPORTING INDIVIDUAL

May 15, 1996
DATE (Month/Day/Year)

Name J. DENNIS HASTERT

Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Yorkville, Illinois School District #115	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name J. Dennis Hastert

Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples* SP Mega Corp Stock				X								X							X									P
DC	123 Main St Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Yorkville National Bank																												
	Personal Account	X													X				X										
	Farm Account		X												X				X										
JT	Rental House, located adjacent to personal house on Rte. 34, #7630, Bristol Township					X								X					X				X						
																			Net				Gross						

For additional assets and unearned Income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name J. Dennis Hastert

Page 4 of 7

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Farm, RR1, Shipman, IL 270 Acres					X							Farm Income						X NET					X GROSS					
	Opera House Property, 500 Lockport St., Plainfield, Illinois 60543 (1/2 INTEREST)					X							Partnership Income from Rents									X							
JT	Town House, Capitol Park, Wash, DC					X								X							X								
	State of Illinois Pension Fund			X										N/A							N/A								
	Congressional Federal Credit Union		X												X				X										
	Northwestern Mutual Life (IRA)		X										X		X	X				X									
SP	Northwestern Mutual Life (IRA)		X										X		X	X				X									

This page may be copied if more space is required.

Name J. Dennis Hastert | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
	First Midwest Bank (Joliet)	50% Interest in Mortgage by Opera House Properties		X								
JT	Federal Land Bank	Mortgage on 110 Acres of Farmland, Shipman, IL			X							
JT	Virginia First Savings Bank	Mortgage on Washington, D.C Townhouse			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None.		

Use additional sheets if more space is required.

Name J. Dennis Hastert

Page 6 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash , D C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
U.S. Telephone Association		4/20 - 4/23	Chicago - Orlando - Chicago	Y	Y	Y	N
Asia Pacific Exchange Foundation		5/26 - 6/5	Chicago-Tokyo-Beijing-Shanghai-Hong Kong	Y	Y	Y	N
Nuclear Energy Institute		6/9 - 6/10	Chicago-Yucca Mountain, Nevada-Chicago	Y	Y	N	N
Illinois Cable Television Assoc.		6/23 - 6/25	Chicago - Denver - Chicago	Y	Y	N	N
General Communication, Inc		7/4 - 7/10	Chicago - Dillingham Alaska - Chicago	Y	Y	Y	N

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Name J. DENNIS HASTERT Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
50% Partner	Opera House Property Partnership

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
N/A	State of Illinois, State Employee Retirement System	Pension Available at age 55 due to prior service

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

J. DENNIS HASTERT
14TH DISTRICT, ILLINOIS

CHIEF DEPUTY MAJORITY WHIP

2453 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1314
(202) 225-2976

27 NORTH RIVER STREET
BATAVIA, IL 60510
(708) 406-1114

dhastert@hr.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515-1314

COMMITTEE ON
COMMERCE

SUBCOMMITTEES
ENERGY AND POWER
HEALTH AND ENVIRONMENT
TELECOMMUNICATIONS AND FINANCE

REPUBLICAN STEERING
COMMITTEE

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER
96 MAY 21 AM 10: 24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 20, 1996

The Honorable Robin H. Carle
Office of the Clerk
Legislative Resource Center
1036 Longworth
Washington, D.C. 20515

②
✓
MC

Dear Ms. Carle:

I inadvertently omitted schedule two from my financial disclosure statement received in your office May 15, 1996. I have enclosed schedule two and would like to amend my disclosure statement to reflect this addition.

Thank you for your assistance in this matter. Please call my office if you have any questions.

Sincerely,

J. Dennis Hastert

J. Dennis Hastert
Member of Congress

Enclosure
cc: Chairman Nancy Johnson

Name J. DENNIS HASTERT

Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb 2, 1994 Aug 13, 1994	$2,000 $500
Council of Insurance Agents and Brokers	Speech	February 7, 1995	$ 2,000.00
Elgin Life Underwriters Association	Speech	April 19, 1995	$ 100.00
National Retail Federation	Speech	May 11, 1995	$ 1,000.00
American Warehouse Association	Speech	June 15, 1995	$ 1,000.00
The Tobacco Institute	Speech	October 3, 1995	$ 2,000.00
Producers Advisory Forum	Speech	October 12, 1995	$ 1,000.00
Dreyer Medical Foundation	Speech	November 1, 1995	$ 300.00

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RECEIVED
LEGISLATIVE RESOURCE CENTER
96 APR 26 PM 2:37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

10

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

The Honorable Alcee L Hastings
(Full Name)

1039 Longworth HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone
(202) 225-1313

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U S House of Representatives	State FL District 23	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL Alcee L. Hastings

DATE (Month/Day/Year) April 25, 1996

Name The Honorable Alcee L. Hastings **Page** 1 **of** __

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name The Honorable Alcee L. Hastings	Page 2 of

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions pages 13-14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	NONE			$

Name The Honorable Alcee L Hastings | **Page** 3 of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP, DC, JT	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1 000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed* list the underlying assets worth more than $1 000 For an IRA or retirement plan that is *not* self-directed name the institution holding the account Exclude: Your personal residence(s) (unless there is rental income) any debt owed to you by your spouse, or by your or your spouse s child parent, or sibling, any deposits totalling $5 000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
	Examples Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	8528 Longacre Dr Miramar, FL 33025	$100,001 - $250,000		NONE	
	5602 NW 206th Terr Miami FL (1/2) 33055	$50,001 - $100,000		NONE	
	Marriott Ownership Resorts (1/2 Int)	$1,001 - $15,000		NONE	
	Nations Bank (Ft Lauderdale)	$1,001 - $15,000		$1 - $200	
	Wright Patman Credit Union Account (2%)	$1,001 - $15,000	Interest	$1 - $200	
	1055 NW 183rd Street, Miami, FL 33133	$50,001 - $100,000	Rent	$5,001 - $15,000	

Name	The Honorable Alcee L. Hastings	Page	4 of

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	NONE			

Name The Honorable Alcee L Hastings **Page** 5 **of**

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
	Robert Catz	Legal Fees	$500,001 - $1,000,000
	Terrence Anderson	Legal Fees	over $1,000,000
	Patricia Williams	Legal Fees	$500,001 - $1,000,000
	Karr & McClain	Legal Fees	$100,001 - $250,000
	Mark McDonald	Legal Fees	$15,001 - $50,000
	Lewis Myers	Legal Fees	$15,001 - $50,000

Name The Honorable Alcee L. Hastings **Page** 6 **of**

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22-23

	Source	Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE		$

Name The Honorable Alcee L Hastings | **Page** 7 **of**

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25

	Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Forum 95, Sydney Australia	Aug 21-30 1995	Miami-Sydney-Miami	Y	Y	N	No
	Dallas Black Chamber of Commerce	Oct 20, 1995	Wash-Dallas-Norfolk	N	Y	N	No
	The American Turkish Council (ATC)	Sept 22-25 '95	Wash-Istanbul-Wash	Y	Y	N	No

Name The Honorable Alcee L. Hastings **Page** 8 **of**

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
NONE	

Name The Honorable Alcee L. Hastings	**Page** 9 of

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
	NONE	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RICHARD 'DOC' HASTINGS
(Full Name)

4710 DESERT PLATEAU DRIVE PASCO, WA 99301
(Mailing Address)

202-225-5816
Daytime Telephone

HAND DELIVERED
MC (Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives	State WA District 04	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
5/15/96

Name Doc Hastings

Page 1 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	YAKIMA FEDERAL SAVINGS & LOAN	FEE	$2,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Dan Hamburg

Page 2 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not self-directed*, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14-20

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not self-directed*, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P S E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Columbia Wind [illegible] Company IRA – Franklin Investment					X																							

For additional assets and unearned income, use next page.

Name Doc Hastings

Page 3 of 4

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	x			10–12–95		x								
	Columbia Basin Paper & Supply – Stock		X		1-1-95				X						

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Name Doc Hastings | Page 4 of 4

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	YAKIMA FEDERAL SAVINGS & LOAN (RESIGNED)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

[illegible] by Members, Officers, and Employees

(8)

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96 MAY 15 AM 11: 19

MC HAND DELIVERED
(Office Use Only)

JAMES A. HAYES

2432 RAYBURN

WASHINGTON, D.C. 20515 (202) 225- 2031

Filer Status	☒ [illegible]	LA 7	☐ Officer or Employee [illegible]
Report Type	☒ [illegible]	☐ Amendment	☐ Termination [illegible]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. [illegible] If yes, complete and attach Schedule I	Yes ☒	No ☐
II. [illegible] If yes, complete and attach Schedule II	Yes ☒	No ☐
III. [illegible] or hold any [illegible] at the end of the period? If yes, complete and attach Schedule III	Yes ☒	No ☐
IV. [illegible] If yes, complete and attach Schedule IV	Yes ☒	No ☐
V. [illegible] reportable [illegible] If yes, complete and attach Schedule V	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any [illegible] aggregating more [illegible] If yes, complete and attach Schedule VI	Yes ■	No ☒
VII. [illegible] dependent [illegible] reportable travel or reimbursements for travel in the reporting period [illegible] If yes, complete and attach Schedule VII	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS— [illegible] regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not [illegible] from this report [illegible] trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION— [illegible] from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all [illegible] (See instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly [illegible] this report may be subject to [illegible] penalties. (See 5 U.S.C. app. 6, § 104.)

SIGNATURE OF REPORTING INDIVIDUAL James A. Hayes

DATE (Month/Day/Year) 5/11/96

Name JAMES A. HAYES | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	HAYES, DOMENICI & ASSOCIATES	SPOUSE INCOME	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name JAMES A. HAYES Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb 2, 1994 Aug 13, 1994	$2,000 $500
TOBACCO INSTITUTE	SPEECH	9-19-95	2000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JAMES A. HAYES

Page 4 of 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	WRIGHT PATTMAN CREDIT UNION		X												X						X								
JT	8006 HAMPSON NEW ORLEANS	[illegible]			X									X					X										
JT	202 W. MAIN LAFAYETTE, LA.					X								X									X						

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name JAMES A. HAYES

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	x			10–12–95		x								
JT	OFFICE BLDG. LAFAYETTE, LA.	X						X							
JT	8006 HAMPSON NEW ORLEANS, LA.	X						X							

This page may be copied if more space is required.

Name JAMES A. HAYES

Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	LITTON LOAN SERVICING HOUSTON	MORTGAGE 8006 HAMPSON			X							
JT	PREMIER BANK LAFAYETTE, LA.	MORTGAGE LAFAYETTE, LA.			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name JAMES A. HAYES | Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
AMERICAN CONSULTING ENG. COUNCIL		5-21-95	NEW ORLEANS (NO TRAVEL)	Y	N	N	Y
DOW - ELANCO		5/27-28/95	WASH. D.C. - INDIANAPOLIS - WASH	Y	Y	Y	N

This page may be copied if more space is required.

Name JAMES A. HAYES Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD	AMERICAN NUMISMATIC SOCIETY - NEW YORK (NON PROFIT) (NON-COMPENSATED)
SEC.	EVANGELINE OIL REALTY CO. - LAFAYETTE, LA. (FAMILY CORP.) (NON-COMPENSATED)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

John David "J.D." Hayworth, Jr

1023 Longworth HOB, U.S. House of Representatives

Washington, DC [illegible] (202) 225-2190

Mailing Address Daytime Telephone

②

96 MAY 15 PM 3:40

HAND DELIVERED

MC

Office Use Only

Filer Status	☒ Member of the U.S. House of Representatives State: [illegible] District: [illegible]	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

JD Hayworth

DATE (Month, Day, Year)

5/15/96

Name J.D. Hayworth

Page 2 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT			BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
				A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Examples	SP	Mega Corp. Stock				X								X							X									P
			123 Main St., Dover, Del							X						X											X				
			1st Bank of Paducah, KY accounts					X									X							X							
			Vanguard Group/VFTC Cust IRA Rollover			X											X				X										

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

(a) RECEIVED LEGISLATIVE RESOURCE CENTER
96 MAY 14 PM 2:18

mc HAND DELIVERED
(Office Use Only)

Joel M. Hefley
(Full Name)

Rm 2351 RHOB
Wash. D.C. 20515
(Mailing Address)

(202) 225-4422
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives State District	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☑
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, §104.)

SIGNATURE OF REPORTING INDIVIDUAL
Joel Hefley

DATE (Month/Day/Year)
5/14/96

Name Joel M. Hefley

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Spouse:		
	Lynn Hefley		
	TRIPLE Diamond LTD (whollyowned small business)	Bus. income	
	Property MANAGEMENT	% of Rents	

For payments to charity in lieu of honoraria, use Schedule II.

Name Joel Hefley

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1994	$2 000
	XYZ Magazine	Article	Aug 13, 1994	$500
	N/A			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Joel M. Hefley

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	1/6 N. Hancock St. Co. sp, Co. Interest - Parkmore Manor Apts.				X									X									X						
JT	1/2 interest Friendship PL. Apts. Friendship PL., Co. sp., Co.			X										X									X						
	Piper, Jaffray & Hopwood money mkt. Acct. 25 N. Cascade Av. Co. sp., Co.			X											X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 5 of 9

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST & Princ.	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	NOTE ON OR. FARM N. MACArthur, Edmond, Ok				X										X							X							
	NOTE ON FOOTE AV. ADts. FOOTE AV. CO. SP., CO.			X											X							X							
	Public Emp. Retirement ASSN. Denver, CO.			X																									
	TEAchers INS.-Amuity ASSN.						X																						

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Name Joel M. Hefley

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	NONE														

This page may be copied if more space is required.

Name Joel M. Hefley

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Jim Burton	1/2 Mortgage on Parkmor Manor Apts Hancock St. Co. Sp., Co.		X								
JT	Lomas Co. - Dallas, Tx.	1/2 Mortgage on Friendship Pl. Apts. Co. Sp., Co.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name Joel M. Hefley

Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash , D C --Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	1995 TRANSATLANTIC conf. The Ripon Education FUND	8/18-26/96	Wash. D.C. to Dublin, IRELAND And Return	Y	Y	Y	N

This page may be copied if more space is required.

Name JOEL M. Hefley

Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

(8)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

HAND DELIVERED

mc

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LEGISLATIVE RESOURCE CENTER
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(Office Use Only)

LEGISLATIVE RESOURCE CENTER
96 MAY 13 PM [illegible]3
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

[illegible]
(Full Name)

[illegible]
(Mailing Address)

Washington, D. C. [illegible]

(202) 225-3715
(Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives — State: NC District: Eighth	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL W. G. Bill Hefner

DATE (Month/Day, Year)

Name W. G. (Bill) Hefner

Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Long and Foster	Spouse commissions	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name [illegible] Page 1 of [illegible]

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14-2[illegible].

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		Block A	A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P S E
SP	Examples	Mega Corp. Stock				X								X							X									P
DC		123 Main St., Dover, DE							X						X											X				
JT		1st Bank of Paducah, KY accounts					X									X							X							
		[illegible]			x									x							x									
		[illegible]			x									x						x										[illegible]
		[illegible]			x									x							x									
		[illegible]				x								x								x								
		[illegible]			x									x							x									
		[illegible]			x									x							x									

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. G. (Bill) Hefner

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Motorola Inc. stock			x									x						x										P
	Tyson Foods Inc. stock			x									x						x										S
	Philip Morris Cos., Inc. stock	x											x							x									S
	Time Warner Inc. stock	x											x							x									S
	Capital World Growth &																												
	Income Fund			x									x								x								
	Smallcap World Fund Inc.												x							x									
	Metro Washington, D. C. 8%																												
	Airport Bonds		x												x					x									
	Mutual Benefit Theatre																												
	Partners III		x										Partnership Income									x							
	Kemper Tax Exempt Ins.Inc.Trust		x												x							x							
	Fidelity Cash Reserve Fund			x									SEP-IRA						x										E
SP	Washington Mutual Investors Fund		x										IRA						x										
	Congressional Federal Credit Union			x											x					x									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. G. (Bill) Hefner

Page 5 of 8

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	House, 1015 North Nelson Street, Arlington, VA					x								x									x						
	Tarheel Motors of Reidsville, Inc. stock (name changed)					x													x										
	Branson & Hefner Investments, LLC (name changed)			x										x									x						
	First Charter National Bank – checking account		x												x					x									

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Name W. G. (Bill) Hefner

Page 6 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Fidelity Low-Priced Stock Fund			x	Var. 1995		x								
	Fidelity Cash Reserves Fund			x	Var. 1995		x								
	Putnam Tax Free Insured Fund		x		11-7-95	x									
	Cracker Barrel Old Country Store stock	x			10-27-95		x								
	Morton International, Inc. stock	x			3-30-95		x								
	Motorola, Inc. stock	x			6-13-95		x								
	Tyson Foods Inc. stock		x		1-11-95		x								
	Wal-Mart Stores, Inc. stock		x		1-12-95		x								
	Philip Morris Cos., Inc. stock		x		3-23-95		x								
	Time Warner, Inc. stock		x		6-8-95		x								

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Name W. G. (Bill) Hefner

Page 7 **of** 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	A. G. Edwards & Sons, Inc. Alexandria, VA	Margin account			x							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name W. G. (Bill) Hefner   Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partner	Mutual Benefit Theatre Partners, III
Secretary	Tarheel Motors of Reidsville, Inc.
Member	Branson & Hefner Investments, LLC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

④

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WALTER WILLIAM HERGER, JR.
(Full Name)

2433 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, DC 20515
Daytime Telephone 202/225-3076

Filer Status	☒ Member of the U.S. House of Representatives — State CA District 2	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS– Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION– Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Wally Herger

DATE (Month/Day/Year) 5-14-96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERGER

Page 2 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	-1120 4th Ave (Rio Oso, CA)					X								X										X					
	-Herger Ranch (Rio Oso, CA)								X						N/A				X										
	-Herger Gas, Inc (Rio Oso, CA)							X					S-Corp Allocation												X				
	-Montrose Barber Investment	X											Ltd Partnership - Bankruptcy-Total Loss																
	(Sacramento, CA)																												
	-Shearson Lehman (IRA)			X											N/A								N/A						
	-Wright Patman Credit Union			X											X					X									
	-Nation's Bank (Springfield,VA)			X											X					X									

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Name HERGER

Page 3 of 4

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Klamath Alliance for Resources & Environment	April 21-23	WDC-Redding (CA)- WDC	Y	Y	Y	N
	Congressional Institute	May 3-5	WDC-Leesburg (VA) - WDC	Y	Y	N	N
	American Crop Protection Association	September 22-25	WDC-West Virginia-WDC	Y	Y	Y	N

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Name HERGER

Page 4 of 4

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (uncompensated)	Herger Gas, Inc (Propane Gas Distrib, Rio Oso, CA)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

WILLIAM V. HILLEARY
(Full Name)
MAILING ADDRESS: 114 CANNON HOUSE OFFICE BUILDING, WASHINGTON, D.C. 20515
~~(Mailing Address)~~ Daytime Telephone
HOME ADDRESS: 692 POSSUM TROT ROAD, GRANDVIEW, TN 37337

Filer Status	☒ Member of the U S House of Representatives State TN District 04	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) June 7, 1996

Name WILLIAM V. HILLEARY

Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State State of Maryland Civil War Roundtable (Oct. [illegible]) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	$6,000 $3,000 $1,000 NA
	U.S. GOVERNMENT	SALARY	EXCLUDED

For payments to charity in lieu of honoraria, use Schedule II

Name WILLIAM V. HILLEARY | Page 3 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	AVIATION WEEK AND SPACE TECHNOLOGY MAGAZINE	SPEECH	MAY 8, 1995	2000
	NEW YORK, NY			

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Name WILLIAM V. HILLEARY

Page 4 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples	Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, DE							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		Note from SSM INDUSTRIES, INC			X																									
		LOAN TO "VAN HILLEARY FOR CONGRESS" COMMITTEE				X																								

For additional assets and unearned income, use next page.

Name WILLIAM V. HILLEARY Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	FIRST NATIONAL BANK, PIKEVILLE, TN	PERSONAL LOAN FOR CAMPAIGN		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(1)

96 MAY 15 PM 5:18
HAND DELIVERED
MC
(Office Use Only)

Earl Frederick Hilliard
(Full Name)

P.O. Box 11385
Birmingham, Alabama 35202-1385
(Mailing Address)

(202) 225-2665
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives — State Alabama District 7th C. D.	☐ Officer or Employee — Employing Office	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Earl F. Hilliard

DATE (Month/Day/Year) May 15, 1996

Name Earl Frederick Hilliard

Page 2 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug 13, 1994	$500
St. John University	Forum participant	Oct. 17, 1995	$1,000
Gallilee Baptist Church, Birmingham, Alabama	Speech	March 10, 1995	$75.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Earl Frederick Hilliard | Page 3 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP,	Examples SP Mega Corp Stock				X								X							X									P
DC,	123 Main St Dove Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	St. of Ala. deferred payment		X																										
	Hilliard & Co. Inc.					X													X										

For additional assets and unearned income, use next page.

Name Earl Frederick Hilliard

Page 4 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-95		X								
	Am. Trust Comm. Corp. Promissory Note			X	July 1995			X							

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Name Earl Frederick Hilliard | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	AmSouth Bank, Birmingham, Alabama	Loan		X								
	National Bank of Commerce	Loan				X						
	SouthTrust Bank	Mortgage on 1614-3rd Ave. N., Birmingham, AL				X						
	William Parker, Birmingham, Alabama	Mortgage on 1614-3rd Ave. N., Birmingham, AL				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Earl Frederick Hilliard | Page 6 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Tuskegee University	March 29	Wash., D.C. - Mont., AL Tuskegee, AL - Mont.,	N	Y	N	N
	"	"	Wash., D.C.				

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Name Earl Frederick Hilliard	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Tuskegee University (uncompensated)
Trustee	Miles College Law School (uncompensated)
Director	Hilliard & Co. Inc. (uncompensated)
Director	American Trust Life Insurance Company (uncompensated)
Director	American Trust Corporation (uncompensated)
Director	American Trust Communication Corporation (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
	None N/A	

GPO 1996 22-642 (mar)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

MAURICE D. HINCHEY
(Full Name)

3101 POWDERMILL ROAD
SAUGERTIES, N.Y. 12477
(Mailing Address)

Daytime Telephone: (202) 225-6335

Filer Status	☒ Member of the U S House of Representatives — State: New York District: 26	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Maurice D. Hinchey

DATE (Month/Day/Year) 5.15.96

Name MAURICE D. HINCHEY | Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF NEW YORK	STATE PENSION	32,734

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name MAURICE D. HINCHEY

Page 3 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	ALFACELL CORP Stock		X																X										
	PRUDENTIAL IRA		X																X										
	VARIABLE INVESTMENT																												
	PLAN																												

For additional assets and unearned income, use next page.

Name MAURICE D. HINCHEY | Page 4 of 4

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–25

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
CHINESE NATIONAL ASSOC. INDUSTRY + COMMERCE	5/28 - 6/3	WASH. D.C. TAIPEI TAIWAN	Y	Y	N	N
CONFEDERATION OF INDIAN INDUSTRY	8/19 - 8/28	WASH. D.C. INDIA	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

14

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David L. Hobson (Full Name)

482 Longford Close, East (Mailing Address)

Springfield, Ohio 45503

202-225-4324 Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives State Ohio District 7	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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III Did you your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV Did you, your spouse or dependent child purchase, sell, or exchange any reportable asset worth more than $1 000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you your spouse or a dependent child have any reportable liability (more than $10 000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
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IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6 §104)

SIGNATURE OF REPORTING INDIVIDUAL David L Hobson

DATE (Month/Day/Year) 5/9/96

Name David L. Hobson

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

Name David L. Hobson	Page 3 of 14

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C. XYZ Magazine	Speech Article	Feb 2, 1994 Aug 13, 1994	$2,000 $500
	N/A			

This page may be copied if more space is required.

Name David L. Hobson

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Salem Olive Associates (Ptnrship) Olive Road, Dayton OH (Bldg.&Land)					X								X					X										
	Nineteen Thirty S.Limestone (Ptnrshp) Springfield OH				X									X	X							X							
	I-FOUR Partnership (Bldg & Land) 2138 N. Limestone, Springfield OH					X								X					X										
	Grandview Storage Assoc.(Ptnrship) 4.5 Acres, Urlin Ave., Columbus OH								X					X	X									X					
	Cablevision of Baton Rouge Englewood CO (Ltd Partnership)		X												X	X					X								
	Eagle City Road, Springfield OH Hobson/Kaffenbarger/Noonan (Ptnrshp)	X												X						X									(S - Under $1,000)

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Hobson

Page 5 of 14

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Retirement Resources,Inc. (S-Corp) Springfield OH	X											S-CORPORATION LOSS						X										
	Leader Interest in Oil Well (Ptnrship) Columbus OH	X											OIL AND GAS PARTNERSHIP						X										(S-Partial Sale Under $1,000)
	Fujiyama Columbus Partnership Note Receivable							X							X									X					
	Fujiyama Indianapolis Partnership Note Receivable					X									X									X					
	Retirement Resources, Inc. Note Receivable			X											X				X										
SP	Delaware Group (Mutual Fund)			X									X			X					X								
	Kemper Technology Fund (Mutual Fund)		X										X			X					X								
	Cocker Restaurant Corp (Stock)						X						X								X								
	IBM Corporation (Stock)		X										X						X										
	Security Banc Corp (Stock			X									X								X								
SP	Security Banc Corp (Stock)				X								X								X								
SP	Proctor & Gamble (Stock)			X									X							X									
	Procter & Gamble (Stock)			X									X							X									
	NEWCO-FLA (Stock)					X							X						X										
	International Basic Resources (Stock)		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Hobson

Page 6 **of** 14

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100 000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Fidelity Investment Advisors (Stock)			X									X						X										
	Western Ohio Financial Corp (Stock)					X							X										X						
	Chevron Corporation (Stock)		X										X							X									
	ASSETS IN SOCIETY BANK GRANTOR TRUST																												
	Ohio State Building Bond	X													X							X							S
	Society Money Market Funds			X									X								X								
	Republic Oil Company (Stock)	X											X						X										
	Intimate Brands, Inc. (Stock)		X										X						X										P
	Perpetual Federal Savings Bank (Stock)		X										X						X										P
	Proctor & Gamble (Stock)			X									X							X									P
	Security Banc Corp (Stock)		X										X						X										P
	STOCKS HELD IN IRA ADVEST A/C 782-70032																												
	First Franklin Corp			X									X							X									
	Western Ohio Financial Corp			X									X								X								P
	Cooker Restaurant Corp		X										X						X										
	Perpetual Federal Savings Bank		X										X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name [illegible]

Page [illegible] of [illegible]

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	[illegible]			X															X										
	[illegible]	X											X						X										[illegible]
	[illegible]												X						X										[illegible]
	[illegible]												X						X										[illegible]
	[illegible]														X														

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Name David L. Hobson

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	Ohio State Building Bond		X		7-17-95			X							
	Intimate Brands, Inc. (Stock)	X			11-02-95	X									
	Security Banc Corporation (Stock)	X			7-06-95	X									
	Proctor & Gamble Company (Stock)	X			7-19-95		X								
	Perpetual Federal Savings Bank (Stock)	X			7-06-95	X									
	Synthetic Blood Int'l Inc.	X			8-14-95	X									
	TRANSACTIONS WITHIN IRA. ADVEST A/C 782-70032														
	Western Ohio Financial Corp (Stock)	X			9-21-95	X									
	TRANSACTIONS WITHIN IRA SMITH BARNEY A/C 715-50987-13-089														
	FFVA Financial Corp (Stock)	X			5-30-95	X									
	FFVA Financial Corp (Stock)		X		7-14-95	X									
	Synthetic Blood Int'l Inc. (Stock)	X			7-14-95	X									

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Name David L. Hobson

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Society National Bank	One Year Note Secured by Stock			X							
	Huntington National Bank	1st Mortgage on 2138 N.Limestone	X									
	Ankney-Pratt	2nd Mortgage on 2138 N.Limestone			X							
	Home Savings of CA - Fujiyama, Columbus OH (Released from loan - 1995)	Mortgage on Fujiyama Restaurant						X				
	Star Bank of Central Ohio	Mortgage on Warehouse Urlin Avenue						X				

***************SCHEDULE V - LIABILITIES (CONTINUED AT TOP OF NEXT PAGE)*************************

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22-23

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required

Name David L. Hobson

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Home City Savings	Mortgage on 1930 S. Limestone (Partnership)		X								
	Huntington National Bank	Mortgage on 3.1 Acres (Fuji.Vacant Ground) Cols.OH			X							
	Security National Bank-Salem Olive	Mortgage on Olive Road				X						
	Society Bank	Mortage on Fujiyama Restaurant, Indianapolis IN				X						
	Bank One	Revolving Line of Credit			X							

*******************SCHEDULE V - LIABILITIES (CONTINUED AT TOP OF NEXT PAGE)*******************

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

Name David L. Hobson	Page 11 of 14

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
	Bank One	Loan Secured by Stock			X							
	Security National Bank	Business Note For Grandview Storage		X								
	Fifth Third Bank of Columbus	Business Note For Fujiyama, Columbus OH		X								
	Society National Bank	Loan Secured by Stock		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

Name David L. Hobson | Page 12 of 14

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
N/A			N/A				

This page may be copied if more space is required.

Name David L. Hobson	Page 13 of 14

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
	(SEE ATTACHED LIST -PAGE 14 OF 14)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information see Instructions, page 26

Date	Parties To	Terms of Agreement
[illegible] to present	State of Ohio Public Employee Retirement System	Continuing Participation in Retirement Plan

Use additional sheets if more space is required.

DAVID L. HOBSON
FINANCIAL DISCLOSURE STATEMENT
FOR CALENDAR YEAR 1995

SCHEDULE VIII - POSITIONS

POSITIONS		NAME OF ORGANIZATION
Trustee	*	Wilberforce University (Resigned 3/1/95)
Trustee	*	Urbana University (Resigned 3/1/95)
Trustee	*	Ohio Wesleyan University
Director	*	Cooker Restaurant Corporation
Partner	**	Leader Oil Well Limited Partnerships
Partner	**	I-FOUR
Partner	**	Cablevision of Baton Rouge, Ltd.
Partner	**	Hobson/Kaffenbarger/Noonan
Partner	**	Salem-Olive Associates
Partner	**	Grandview Storage Associates
Partner	**	Nineteen Thirty S. Limestone Partners

* The Trustee and Director positions were not compensated in 1995.

** The Partnerships are each included in Schedule III

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

[illegible] CENTER

96 MAY -8 AM 11:46

HAND DELIVERED

(Office Use Only)

MC

(6)

Peter Hoekstra

1122 Longworth HOB, Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives	State: MI District: 2	☐ Officer or Employee
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. [illegible] If yes, complete and attach Schedule I	Yes ☐	No ☒
II. [illegible] If yes, complete and attach Schedule II	Yes ☒	No ☐
III. [illegible] If yes, complete and attach Schedule III	Yes ☒	No ☐
IV. Did [illegible] If yes, complete and attach Schedule IV	Yes ☐	No ☒
V. [illegible] If yes, complete and attach Schedule V	Yes ☒	No ☐
VI. [illegible] If yes, complete and attach Schedule VI	Yes ☐	No ☒
VII. [illegible] If yes, complete and attach Schedule VII	Yes ☒	No ☐
VIII. [illegible] If yes, complete and attach Schedule VIII	Yes ☐	No ☒
IX. [illegible] If yes, complete and attach Schedule IX	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — [illegible]	Yes ☐	No ☒
EXEMPTION — [illegible]	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

[illegible]

SIGNATURE OF REPORTING INDIVIDUAL Peter Hoekstra

DATE 5/8/96

Name Peter Hoekstra

Page 2 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	United Technologies	speech		1000.

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Name Peter Hoekstra

Page 3 **of** 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
Examples	123 Main St., Dover, Del							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	Personal Accts. - OKB		X												X					X									
	Personal Accts - FMB		X												X					X									
	Holland Public School Bonds			X											X						X								
	Thrift Savings Plan			X									X		X							X							
	FMB Trust					X							X		X														

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

[illegible]

Name Peter Hoekstra

Page 4 of 6

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP. DC. JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P. S. E.
	Herman Miller Corp. Stock			X									X						X										
	IRA Acct. OKB			X									X		X														
	-FMB												X							X									
	-HMI												X						X										
	Jabal Corp. Stock		X										X						X										

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Name Peter Hoekstra

Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	FMB of Zeeland, Mi	Equity Credit Line		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Peter Hoekstra

Page 6 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wasn, D C —Chicago—Wash, D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wasn, D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Labor Policy Assc.	Mar. 10/11	Wash D.C. - Williamsburg - G.R. Mi	Y	Y	NO	NO

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
96 MAY 15 PM 6:09
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC (Office Use Only)

(13)

MARTIN R. HOKE
(Full Name)

212 CANNON BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)

(202) 225-5871
(Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives State: District:	☐ Officer or Employee Employing Office:	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☒	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-15-96

Name MARTIN R. HOKE **Page** 2 of 13

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	CELLULAR ONE - RESIDUAL SALES COMMISSIONS	COMMISSIONS	33,861

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name MARTIN R. HOKE

Page 3 of 13

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP. DC. JT				A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Examples	SP	Mega Corp Stock				X								X							X									P
			123 Main St., Dover, Del.							X						X											X				
			1st Bank of Paducah, KY accounts					X									X							X							
			RED CARPET CELLULAR INC. STOCK							X					S CORP INCOME													X			
			TRADESMAN INT'L STOCK				X								S CORP INCOME										X						P
			NORTHWESTERN MUTUAL LIFE ANNUITY					X							X							X									
			SOCIETY NATIONAL BANK			X											X							X							
			MONITOR U.S. TREASURY MMF			X									X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MARTIN R. HOKE

Page 4 of 11

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	AMERICAN HOME PRODUCTS STOCK			X									X			X						X							S
	BRISTOL MYERS SQUIBB STOCK				X								X			X						X							S
	STILLWATER MINING STOCK	X														X						X							S
	EASTMAN KODAK STOCK	X											X			X								X					S
	UNION CAMP CORP STOCK	X														X					X								S
	CARPENTER TECHNOLOGY STOCK			X									X			X							X						S
	PHILIP MORRIS STOCK				X								X			X							X						S
	LTV CORP NEW STOCK			X									X						X										P
	PLAYTEX PRODUCTS INC STOCK		X										X						X										P
	ASIA PACIFIC FUND STOCK			X									X							X									P
	NATIONAL CITY CORP STOCK			X									X							X									P
	HUNTINGTON NATL BANK ACCTS		X												X					X									
	BROADWAY NATL BANK		X												X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MARTIN R. HOKE

Page 5 of 13

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	AVON PRODUCTS STOCK			X									X							X									
	CHOLESTECH CORP STOCK		X										X						X										
	COMMUNITY PSYCHIATRIC CTR STOCK		X										X						X										
	GRAND METROPOLITAN PLC F STOCK		X										X							X									
	INTRAV INC. STOCK		X										X							X									P
	LANDMARK GRAPHICS CORP STOCK		X										X						X										
	LILLY, ELI & COMPANY STOCK				X								X								X								
	LINCOLN ELECTRIC STOCK		X										X						X										P
	MONDAVI ROBERT CORP STOCK		X										X						X										
	OMEGA HEALTHCARE STOCK		X										X							X									
	WESTINGHOUSE ELECTRIC STOCK				X								X							X									
	U.S. TREASURY BONDS			X											X								X						
	GANTOS INC. STOCK		X										X						X										
	COLGATE PALMOLIVE CO STOCK			X									X							X									P
	MERCK & CO STOCK		X										X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MARTIN R. HOKE

Page 6 of 13

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	RESOUND CORP STOCK			X									X						X										
	ST. JUDE MEDICAL CENTER STOCK					X							X							X									
	TIME WARNER, INC. STOCK			X									X						X										[illegible]
	WALT DISNEY PRODUCTIONS STOCK					X							X							X									
	GENERAL MOTORS CORP STOCK			X									X							X									P
	CROWN CORK & SEAL INC. STOCK			X									X						X										
	STORAGE TECHNOLOGY CORP STOCK			X									X						X										
	AMERICAN EXPRESS CO STOCK				X								X								X								
	CORPUS STEPS OH ST SER BONDS						X								X				X										
	CEI MONEY MARKET FUND					X							X										X						
	AMERICAN BRANDS STOCK			X									X								X								
	ANHEUSER-BUSCH STOCK			X									X							X									
	CHEVRON STOCK			X									X							X									
	CONSOLIDATED NATURAL GAS STOCK			X									X								X								
	DUN & BRADSTREET STOCK			X									X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MARTIN R. HOKE

Page 7 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	EXXON CORP STOCK			X									X							X									P
	GENERAL MILLS CORP STOCK			X									X							X									
	GTE CORP STOCK			X									X							X									P
	HANSON PLC ADR STOCK			X									X								X								P
	HJ HEINZ CO STOCK			X									X								X								
	HOUSTON INDUSTRIES STOCK			X									X									X							
	KMART CORP STOCK		X										X								X								
	KEYCORP STOCK			X									X								X								P
	KIMBERLY CLARK STOCK			X									X							X									
	MINNESOTA MING/MFG. STOCK				X								X								X								P
	J.C. PENNEY CO. STOCK			X									X							X									P
	PNC BANK CORP STOCK			X									X							X									P
	UNION CAMP CORP STOCK			X									X							X									
	USX MARATHON STOCK			X									X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MARTIN R. HOKE

Page 8 of 13

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	KEMPER CORP STOCK			X									X							X									
	BANK OF BOSTON CORP STOCK			X									X							X									
	LEHMAN BROS. HLDGS, INC. STOCK		X										X						X										
	COLUMBIA GAS SYS INC. STOCK				X								X						X										
	DIGITAL EQUIP CORP STOCK				X								X						X										
	INTL BUSINESS MACHINES STOCK				X								X							X									
	AT & T CORP STOCK				X								X								X								P
	FORD MOTOR CO CV PFD STOCK				X								X									X							
	EVEREN CAPITAL CORP PFD SER A STOCK	X											X							X									P
	OHIO ST HWY SER 5 BOND				X								X								X								P
	MAHONING CO OHIO BOND					X							X										X						
	LOAN RECEIVABLE FROM HOKE FOR CONGRESS CAMPAIGN COMMITTEE						X												X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MARTIN R. HOKE

Page 9 of 13

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	USX STEEL STOCK			X									X						X										P
	WOOLWORTH CORP. STOCK			X									X						X										P
	HOKE & HOKE PARTNERSHIP: HOLDING																												
	LCI HOLDING LTD PSP. (FORMERLY												PARTNERSHIP																
	NORTHERN OHIO IMAGING CENTER LP)												INCOME/LOSS AND																
	UNDERLYING ASSET				X								INTEREST						X										

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SCHEDULE IV — TRANSACTIONS

Name MARTIN R. HOKE

Page 10 of 13

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	INTERNATIONAL BUSINESS MACHINE STOCK		X		03-15-95		X								
	INTERNATIONAL BUSINESS MACHINE STOCK		X		03-15-95		X								
	PHILIP MORRIS STOCK		X		03-22-95	X									
	EASTMAN KODAK STOCK		X		05-30-95		X								
	UNION CAMP CORP STOCK		X		07-25-95	X									
	EASTMAN KODAK STOCK		X		08-08-95		X								
	DARDEN RESTAURANTS STOCK		X		08-30-95	X									
	CARPENTER TECHNOLOGY STOCK		X		09-20-95	X									
	PHILIP MORRIS STOCK		X		09-20-95		X								
	AMERICAN HOME PRODUCT STOCK		X		09-21-95		X								
	BRISTOL MYERS STOCK		X		09-29-95	X									
	OHIO WATER DEV AUTH REV SAFE		X		06-01-95	X									
	LTV CORP NEW STOCK	X			02-28-95	X									
	PLAYTEX PRODUCTS INC STOCK	X			02-28-95	X									
	ASIA PACIFIC FD STOCK	X			03-01-95	X									
	NATIONAL CITY CORP STOCK	X			03-01-95	X									

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SCHEDULE IV — TRANSACTIONS

Name MARTIN R. HOKE

Page 11 of 13

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
	TIME WARNER, INC. STOCK	X			03-01-95		X								
	OHIO ST HWY SER S	X			03-14-95		X								
	AT & T CORP STOCK	X			02-28-95		X								
	GENERAL MOTORS CORP STOCK	X			02-28-95		X								
	COLGATE PALMOLIVE CO. STOCK	X			03-01-95		X								
	GTE CORP STOCK	X			01-31-95		X								
	J. C. PENNEY CO. STOCK	X			01-23-95		X								
	USX STEEL STOCK	X			09-26-95		X								
	STILLWATER MINING STOCK		X		01-11-95		X								
	ANHEUSER-BUSCH STOCK	X			09-05-95		X								
	DARDEN RESTAURANTS STOCK	X			05-30-95	X									
	EXXON CORP STOCK	X			09-05-95		X								
	HANSON PLC ADR STOCK	X			09-05-95	X									
	KEYCORP STOCK	X			02-10-95		X								
	MINNESOTA MINING STOCK	X			09-27-95		X								
	PNC BANK CORP STOCK	X			08-10-95		X								

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SCHEDULE IV — TRANSACTIONS

Name MARTIN R. HOKE

Page 12 of 13

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	WOOLWORTH STOCK	X			06-06-95	X									
	TRADESMAN INT'L STOCK	X			02-15-95		X								

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Name MARTIN R. HOKE	Page 13 of 13

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	HOKE & HOKE PARTNERSHIP (SEE SCHEDULE III)
PRESIDENT	RED CARPET CELLULAR, INC. (POSITION IS TITULAR, ONLY,
	NO DUTIES OR COMPENSATION IN 1995)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
7-1-88	CNCA ACQUISITION CORP AND	HOKE RECEIVES A RESIDUAL COMMISSION ON
	MARTIN R. HOKE	SUBSCRIBERS TO CELLULAR ONE'S SYSTEM
		WHO WERE OBTAINED BY RED CARPET CELLULAR,
		INC. PRIOR TO 7-1-88 (SEE SCHEDULE I).

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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U.S. HOUSE OF REPRESENTATIVES

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MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(Full Name): T. Timothy Holden M.C.

(Mailing Address): 31 Pearl Street, St. Clair, PA 17970

Daytime Telephone: (202) 225-5546

Filer Status: ☒ Member of the U.S. House of Representatives State PA District (06) ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Tim Hold

DATE (Month/Day/Year) 5/9/96

Name T. Timoth Holden | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	County of Schuylkill, Pennsylvania	Spouce Salary	$22,420

For payments to charity in lieu of honoraria, use Schedule II.

Name T.Timothy Holden

Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	B: A None – $1,000	B: B $1,001 – $15,000	B: C $15,001 – $50,000	B: D $50,001 – $100,000	B: E $100,001 – $250,000	B: F $250,001 – $500,000	B: G $500,001 – $1,000,000	B: H $1,000,001 – $5,000,000	B: I $5,000,001 – $25,000,000	B: J $25,000,001 – $50,000,000	B: K Over $50,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	D: I None – $200	D: II $201 – $1,000	D: III $1,001 – $2,500	D: IV $2,501 – $5,000	D: V $5,001 – $15,000	D: VI $15,001 – $50,000	D: VII $50,001 – $100,000	D: VIII $100,001 – $1,000,000	D: IX $1,000,001 – $5,000,000	D: X Over $5,000,000	E: P, S, E
Examples. SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Schuylkill Federal Employees																												
	Credit Union - 724 Markert St.																												
	Pottsville, PA 17901		X												X							X							
SP	Lease Purchase Agreement-																												
	329 West Oak Street,																												
	Shenandoah, PA			X											X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. Timothy Holden

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Community Bank- 2nd & Canal																												
	Street, St. Clair, PA 17870		x												x					x									
JT	Van Guard Group- Box 7800																												
	Philadelphia, PA 19101				x								x		x								x						

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Name T. Timothy Holden

Page 5 of 5

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israeli Public						
	Affairs Committee	May 26	New York - Tel Aviv	y	y	y	3 Days in Germany
		June 1	Tel Aviv - Frankfurt				
		June 4	Frankfurt - New York				

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name T. Timothy Holden

Page 1 of 3

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self directed, name the institution holding the account. Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block						BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self directed, you may write in "NA" for income										BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
SP Examples	SP Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	PA National Bank Pottsville - Accts South Center St Box 780C		X												X				X										
JT	Van Guard Group Phila PA				X								X		X								X						P
	Detailed listing of Vanguard																												
JT	PA Tax free Trust Insured - Long Term Bo		X												X					X									P
JT	Vanguard Prime Portfolio - Money market			X											X						X								P
JT	Vanguard High Corporate Bond Portfo		X												X					X									P

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name T. Timothy Holden

Page 2 of 3

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A	B	C	D	E	F	G	H	I	J	K	BLOCK C						I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP.	*Examples* SP Mega Corp Stock				X								X							X									P
DC.	123 Main St., Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Detailed Listing of Vanguard (cont'd)																												
JT	Windsor II Stocks		X										X								X								P

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name T. Timothy Holden

Page 3 of 3

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-95		X								
JT	All Below listed transactions purchased through	X													
	Vanguard Financial Center P.O. Box 7800 Phila PA														
JT	PA Taxfree fund Insured-Long term Bond portfolio	X			4-7-95	X									
JT	Vanguard High Yield Corporate Bond Portfolio	X			4-7-95	X									
JT	Windsor II Stock fund	X			4-7-95	X									
JT	VMMR Prime Rate Portfolio - money market	X			4-10-95		X								
JT	Windsor II Stock fund	X			8-7-95	X									
JT	PA tax free fund Insured - Long Term Bond Portfolio	X			8-7-95	X									
JT	VMMR Prime Portfolio - money market portfolio	X			8-9-95	X									
JT	Vanguard High Yield Corporate Bond fund	X			8-14-95	X									
JT	Vanguard High Yield Corporate Bond fund	X			9-13-95	X									
JT	Vanguard High Yield Corporate Bond fund	X			10-10-95	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

STEPHEN HORN
(Full Name)

3944 Pine Avenue
Long Beach, CA 90807
(Mailing Address)

Daytime Telephone (202) 225-6676

Filer Status	☒ Member of the U S House of Representatives State CA District 38	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Stephen Horn

DATE (Month/Day/Year) May 14, 1996

Name STEPHEN HORN

Page 2 **of** 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples. SP	Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Smith Barney IRA		X																NA										
SP	Smith Barney IRA		X																NA										
SP	Shurgard IRA		X																NA										
	Shurgard IRA		X																NA										
JT	Boston Financial		X																NA										
	TIAA-CREF (annuity)					X													NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEPHEN HORN

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	ANNUITY: PERS(CA PUBLIC EMP. RET. SYS.					x																							
	ANNUITY: BENEFICIAL STAND. LIFE INS.CO.					x																							
	ANNUITY: JOHN ALDEN LIFE INS. CO.			x																									
	ANNUITY: GEN. AMER. LIFE INS. CO.			x																									
	ANNUITY: SAFECO LIFE INS. CO.					x																							
	ANNUITY: FIDELITY GUARANTY LIFE INS.CO.			x																									

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SCHEDULE V — LIABILITIES

Name STEPHEN HORN	Page 4 of 5

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
		NONE	NONE	NONE									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250 For further information, see Instructions, pages 22–23

	Source	Description	Value
Example	Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	NONE	NONE

Use additional sheets if more space is required.

Name	Page 5 of 5
STEPHEN HORN	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director(uncompensated)	Kutak Foundation, Omaha, Nebraska (A charitable organization formed to provide scholarships and studies in honor of the late Robert J. Kutak, a distinguished attorney; I attend Board meetings when they are held in Washington and do not seek reimbursement for my $2.20 in METRO fares)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
December 15, 1994	California State University System and Trustee Professor of Political Science Stephen Horn	"A leave of absence without compensation" from the "position as Trustee Professor at California State University, Long Beach is approved for the period January 1, 1995 through December 31, 1996."

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SCHEDULE IV — TRANSACTIONS

Name STEPHEN HORN Stephen Horn May 17, 1996

Page 3a of 5

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
DC	Example: Mega Corp. Common Stock	X			10-12-95		X								
JT	FIDELITY GUARANTY LIFE INS. ANNUITY	X			8-31-95		X								

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

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MC (Office Use Only)

John Nathan Hostettler
(Full Name)

1404 Longworth H.O.B.
Washington, D.C. 20515
(Mailing Address)

Daytime Telephone: 202/225-4636

Filer Status ☒ Member of the U S House of Representatives State: IN District: 8th ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL John N. Hostettler

DATE (Month/Day/Year) 5/15/96

Name John Nathan Hostettler

Page 1 of 3

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D.C	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	Volunteer Action Center, Evansville, IN	Speech (see attached letter)	Nov. 20, 1995	$25.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Nathan Hostettler

Page 2 of 3

BLOCK A
Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property, identify and provide an address. Provide full name of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT) in the optional column on the far left.

For further information, see instructions, pages 14–20

BLOCK B
Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C
Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D
Amount of Income

For IRA's and retirement plans that are not self directed, you may write in "NA" for income.

BLOCK E
Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A	B	C	D	E	F	G	H	I	J	K	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I	II	III	IV	V	VI	VII	VIII	IX	X	Block E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000							None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC,	123 Main St., Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	State Farm Life Insurance	X													X				X										
	Evansville Teachers Federal Credit Union	X													X				X										
	Lilly Units - Stock	X											X						X										

For additional assets and unearned income, use next page.

Name John Nathan Hostettler **Page** 3 of 3

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.				X						
	Evansville Teacher's Federal Credit Union	Revolving Charges	X									
	Evansville Teacher's Federal Credit Union	Consolidation Note		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

VOLUNTEER ACTION CENTER

101 NW First St., Ste. 215
P O. Box 18
Evansville, IN 47701-0018

(812) 421-2801

DEC 18 1995

December 15, 1995

Ms. Cheryl Davis
Evansville Christian Life Center
509 S. Kentucky Avenue
Evansville, IN 47714

DEC 21 1995

Dear Ms. Davis:

Recently, the Ohio River Association of Volunteer Administrators (ORAVA) was host to a Welfare Forum in which Congressman John Hostettler was scheduled to speak. Although he was unable to attend, a representative from his office was sent.

In appreciation for his willingness to participate in this event, an honorarium was to be made to his favorite charity. Congressman Hostettler requested his donation be awarded to the Evansville Christian Life Center.

Have a joyous holiday season.

Sincerely,

Krista K. Labhart
Ohio River Association of Volunteer Administrators

c: Congressman John Hostettler

A service of the United Way of Southwestern Indiana

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Amory Houghton, Jr.
(Full Name)

80 East Market Street, Suite 304
Corning, New York 14830
(Mailing Address)

Daytime Telephone: (202) 225-3161

Filer Status	☒ Member of the U S House of Representatives — State: New York District: 34th	☐ Officer or Employee	Employing Office ______
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date ______

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/15/96

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE I - EARNED INCOME

Source and Type	Amount
Corning Incorporated:	
For prior services rendered:	
Supplemental pension	$ 7,558
Income (in-kind):	
Value of transportation benefits by former employer - see Part IX Agreements	242
Value for secretarial services provided by former employer for whom consulting services are provided without monetary compensation (income in-kind, in excess of the 1995 outside earned income limit of $20,040, is offset by 1995 donations to qualified charitable organizations in the amount of $86,140)	67,544
Trustee and Executor Commissions (commissions represent personal services provided to protect family resources, amounts not subject to outside earned income limit):	
L. H. Beer Trust 12/10/34	8,900
J. R. Houghton Trust 12/10/34	9,000
A. B. Houghton Trust 12/10/34	6,900
A. Houghton Jr. Trust 12/10/34	7,700
E. H. Weinberg Trust 12/10/34	8,100
A. S. Lassalle Trust 1/20/79	2,000
C. H. Lassalle Trust 11/21/78	2,300
H. D. Houghton Trust 12/22/61	5,400
R. P. Waters Trust 3/14/70	3,300
M. T. Mowbray Trust U/W C. B. Houghton	2,700
H. M. Carter Trust U/W C. B. Houghton	2,700
J. W. Hollister Trust U/W C. B. Houghton	2,000
B. H. Brakenridge Trust U/W C. B. Houghton	1,900
B. Hollister Jr. Trust U/W C. B. Houghton	1,900
H. M. Carter Trust 4/18/46	600
M. T. Mowbray Trust 4/18/46	600
B. H. Brakenridge Trust 4/18/46	600
B. Hollister Jr. Trust 4/18/46	600
P. H. Mowbray Trust U/W H. C. Hollister	1,900
B. Hollister Trust U/W H. C. Hollister	1,900
P. J. Allatt Jr. Trust 8/15/49	2,800
B. C. Ooten Trust 4/21/65	1,500
M. A. Keaton Trust 1/22/64	1,300
M. A. Keaton Trust 6/24/63	1,100
E. M. OeDell Trust 6/24/63	1,000
E. Houghton Trust 12/10/34	12,700
E. A. Ray Trust 12/10/34	11,100
E. H. Cole Trust 12/10/34	12,700
Spouse's income:	
International Paper Company (Hammermill Paper Co. Pooled Pension Trust)	N/A
Freelance Press	N/A

SCHEDULE II - PAYMENTS IN LIEU OF HONONARIA MADE TO CHARITY

Source	Activity	Date	Amount
None			

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Debt Securities:					
Augusta National Inc. - building certificate - Series B	A		None	None	
Equity Securities:					
Citicorp, N.A. - common stock	D		Dividend	III	
Corning Incorporated - common stock	H		Dividend	VII	Gift
Genentech Corporation - common stock	F		None	None	
IBM Corporation - common stock	E		Dividend	III	
StarSight Telecast - common stock, Palo Alto, CA	C		None	None	
Market Street Trust Company - common stock, Corning, NY	E		Dividend	IV	
Proctor & Gamble - common stock	D		Dividend	III	
Inertial Motors Corporation - common stock, restricted shares, Doylestown, PA (sold in 1995)	None		None	None	S
NovaCare - common stock	D		None	None	
Sun Microsystems - common stock	C		None	None	
Fairview Medical Services Corporation - preferred stock, series A (formerly Symmetrix Inc., Burlington, MA)	D		None	None	
Evergreen Media Corporation - common stock	None		Capital Gain	VI	Transfer,S
Broadcasting Partners, Inc. - common stock	None		Capital Gain	VII	Distribution, Transfer
U.S. Government Obligations:					
Savings bonds series E & EE	B		Interest	I	
Other:					
J. P. Morgan Delaware, Wilmington, Delaware	C		Interest	V	
Chase Manhattan Bank, N.A., Corning, NY (closed in 1995)	None		Interest	II	
Citibank, N.A., New York, NY	B		Interest	II	
Community National Bank, Addison, NY (closed in 1995)	None		Interest	I	
Corning Federal Credit Union, Corning, NY	A		Interest	I	
First National Bank of Boston, Quincy, MA	B		Interest	I	
76-78 East Market Street (investment property), Corning, NY	C		Rent	VI	
Congressional Federal Credit Union, Washington, DC	C		Interest	II	

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Other (Continued):					
Newport Tiger Fund, mutual fund, San Francisco, CA	B		Capital Gain Dividend	II	P,S
Twentieth Century Ultra Investors, mutual fund, Kansas City, MO	B		Dividend	II	
Harbor International Fund, equity mutual fund, Toledo, OH	B		Dividend	I	
Partnerships:					
Acorn III, liquidated during the year ended December 31, 1995 - partnership sole holding, Richmont Ltd Partnership, sold its investment in an office/warehouse building, 1666 W. Firman St., Richardson, TX	None		Partnership	VII	S
Acorn IV, a general partnership which is the sole limited partner in Whitehall LTD, a partnership holding a real estate investment in vacant land within Walnut Creek Industrial Park, Austin, TX (share - 20.00/19.60%**)	E	(2)	Partnership	V	
Corning Associates II, managed by Aicre Realty, rental of office building, 41 State Street, Albany, NY (share - 50.00/5.50%**)	E	(2)	Partnership	None	
Bradford Gordon 1990-3, limited partnership organized to acquire royalty, mineral or other non-operating interests in natural gas properties primarily in Michigan (share - 3.17%)	B	(2)	Partnership	None	
Mutual Benefit Theatre Partners, L.P.III, a partnership formed to finance the live stage theatrical production and presentation of musical and dramatic plays selected and produced by The Really Useful Theatre Co., Inc., Newark, NJ (share - .70%)	C	(2)	Partnership	V	

** Represents ownership % in both investment partnership/ownership in ultimate partnership, respectively.

(2) Valuation method - original investment, plus/less any additional capital contributed/withdrawn and income/loss since inception.

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ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Partnerships (Continued):					
Vinca Broadcasting L.P., limited partnership organized to acquire interest in broadcasting companies, New Preston, CT (share - 7.3%)	A	(2)	Partnership	I	Distribution
Corning Associates VC-1, investment in venture capital partnerships (share - 19.61/ - %**):					
Business Development Capital Limited Partnership III, managed by the Foster Management Co., King of Prussia, PA, invested in Hearing Health Services, Inc., League Industries, Inc., NovaCare, Inc. HEAR, Ltd. and Valley Forge Dental, Inc. (share - -/.19%**)	B	(2)	Partnership	III	
Intersouth Partners, managed by Intersouth Associates, Research Triangle Park, NC, invested in Digital Recorders, Inc., IllumElex Corp., University Online and Cardiovascular Diagnostics, Inc. (share - -/.78%)	D	(2)	Partnership	VI	
Bradford Gordon 1992-2, limited partnership organized to acquire royalty, mineral or other non-operating interests in natural gas properties primarily in Michigan (share - 6.8%)	B	(2)	Partnership	None	
Manhattan Village Associates, limited partnership formed for the purpose of acquiring, owning and operating three apartment buildings located in Manhattan, New York, NY (share - 1.65%)	A	(2)	Partnership	VI	
Trusts:					
Market Street Fixed Income Trust I (MSFIT I) -Delaware business trust - share in trust disposed of during the year ended December 31, 1995; investments disposed of include: securities of Power Authority of the State of New York, State of Illinois State Scholarship Commission, Mercerburg					

** See explanation at page 3 of 21.

(2) See explanation at page 3 of 21.

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ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Borough General Purpose Authority - Pennsylvania, City of Pawtucket - Rhode Island General Obli-gation, Commonwealth of Pennsylvania General Obligation, State of California, City and County of Denver Colorado Airport, Colorado River Municipal Water District - Texas, York County Public Facilities Corp. - South Carolina, Prince Georges County Hospital - Maryland, Massachusetts Industrial Finance Agency, City of Anchorage - Alaska, State of Connecticut Economic Recreation Notes, Clark County School District of Nevada, Connecticut State Clean Water Fund, Cumberland County Improvement Authority of New Jersey, Maricopa County School District No. 4 of Arizona, Pennsylvania Higher Education, University of Texas Board of Regents, State of New Jersey, Cook County Community College - Illinois, Texas Municipal Power Agency, Harris County Water Control and Improvement District - Texas, State of Iowa Department of General Services and Department of Corrections, State of Connecticut General Obligation, Los Angeles County Transportation System - California, Florida Municipal Power Agency, City of Tacoma Electric System - Washington, Northern Arizona University, North Charleston Sewer District - South Carolina, Las Vegas Valley Water District - Nevada, Bergen County Utilities Authority - New Jersey, Kentucky Turnpike Authority Economic Development, Hillsborough County - Florida, New York State Mortgage Agency, Oregon State Housing Community Services Department, Southern California Public Power Authority, University of Michigan, Texas Water Development Board, Georgia State Housing and Finance Authority, State of Connecticut Special Tax Obligation, Sacramento Municipal Utility District - California, Santa Ana Community Redevelopment Agency - California, Utah State Board of Regents, Allegheny County Hospital Development Authority - Pennsylvania, Missouri Health and Educational Facilities Authority, State of Colorado, Texas Health Facilities Development Corp., City of Modesto - California, Louisiana Recovery District, Washington Public Power Supply System, Maine Municipal Bond Bank					

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ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Limited, Missouri State Environmental Improvement and Energy Resources Authority, North Central Texas Health Facilities Development Corp., Houston Independent School District - Texas, Nebraska Public Power District, Richland County - South Carolina, Geisinger Authority - Pennsylvania, Pennsylvania Intergovernmental Cooperative Authority, Rhode Island Depositers Economic Protection Corp., District of Columbia Hospital, Texas Public Property Finance Corp., Colorado Housing Finance Authority, City of LeClaire - Iowa, Battery Park City Authority - New York, North Carolina Medical Care Commission Hospital, City of Detroit - Michigan, DeSoto Parish - Louisiana, Commonwealth of Pennsylvania, State of Hawaii, City of Greensboro - North Carolina, Commonwealth of Massachusetts, Fairfax County - Virginia, Fulton County School District - Georgia, Town of Enfield - Connecticut General Obligation, District of Columbia General Obligation, New Jersey Economic Development Authority, City of Chicago - Illinois, Metropolitan Pier and Exposition Authority - Illinois, Massachusetts Bay Transportation Authority - Massachusetts, North Carolina Municipal Power Agency No. 1, Massachusetts Water Resources Authority, Dallas County Flood Control District No. 1 - Texas, Massachusetts Industrial Finance Agency - Trustees of Philips Academy Andover, Santa Clara Valley Water District - California, Massachusetts Housing Finance Agency, New York State Medical Care Facilities Finance Agency, City of Miami - Florida, Chicago O'Hare International Airport - Illinois, Puerto Rico Public Building Authority, Western Municipal Power Agency - Minnesota, Wisconsin Health and Higher Education Facilities Authority - Wheaton Franciscan Services, Cook County Illinois General Obligation, Regional Transportation Authority - Illinois, City of Little Rock - Arkansas, Florida State Board of Education, Georgia Municipal Electric Authority, City and County of San Francisco - California, Wisconsin Health and Educational Facilities - Beloit College, Wisconsin Health and Educational Facilities - Carthage College, City of Austin - Texas, Ford Motor Credit					

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ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued): Company, State of Utah, Orange County Local Transportation Authority, Massachusetts Health and Educational Facilities - Joslin Diabetes Center, Wisconsin Health and Educational Facilities - Viterbo College, Wisconsin Health and Educational Facilities - Norbert College, Lane County Area Education District, Connecticut Health and Educational Facilities, City of Bend - Oregon, Port of Seattle - Washington, Fairfax County Economic Development Authority, City of Philadelphia - Pennsylvania and Pierpont Money Market Fund No reportable transactions given that the marginal personal investment in MSFIT I was less than 1/166 of 1% and the Congressman's direct interest in various purchases or sales was below the $1,000 reporting threshold.	None		Trust	II	
Market Street Equity Trust II (MSET II) - Delaware business trust - investments include: common stock of Autodesk Inc., CUC International Inc., Intel Corp., Rentokil Group plc, Microsoft Corp., General Motors Corp. Pepsico Inc., Coca Cola Co., McDonalds Corp., Duracell International Inc., Gillette Co., First Data Corp., Proctor & Gamble Co., Automatic Data Processing Inc. and Pierpont Money Market Fund (share - .23%) MSET II holdings disposed of during the year ended December 31, 1995 - Wal Mart Stores Inc., First USA Inc., Home Depot Inc., Sysco Corp., Colgate Palmolive Co., Dollar General Corp. and Rubbermaid Inc.	C	(3)	Trust	V	P,S
Market Street New York Municipal Bond Trust (MSNYT) - Delaware business trust - share in trust disposed of during the year ended December 31, 1995; investments disposed of include: municipal bonds of City of New York General Obligation - New York, Monroe County - New York General Obligation, Nyack Union Free School District - New York, Town of Greece - New York General Obligation,					

(3) Valuation method - partner's share of market value of investments at December 31, 1995.

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ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
New York State Dormitory Authority, New York State Thruway Authority, Metropolitan Transportation Authority - New York, U.S. Government Notes, New York State Water Revolving Fund New York City Municipal Water, New York State Mortgage Agency - Homeowner Mortgage 27th, Power Authority of the State of New York, New York State Local Government Assistance Corp., New York City Municipal Water Finance Authority - New York, Triborough Bridge and Tunnel Authority - New York, New York State Mortgage Agency and Pierpont Money Market Fund					
No reportable transactions given that the marginal personal investment in MSNYT was less than 1/30 of 1% and the Congressman's direct interest in various purchases or sales was below the $1,000 reporting threshold.	None		Trust	II	
Amory Houghton Jr. Trust U/W A. B. Houghton - (interest in income only)			Trust	VIII	
Holdings consist of: Trusts: Market Street Fixed Income Trust I - Delaware business trust - investments include: securities of Power Authority of the State of New York, City of Pawtucket - Rhode Island General Obligation, Commonwealth of Pennsylvania General Obligation, Colorado River Municipal Water District - Texas, York County Public Facilities Corp. - South Carolina, Prince Georges County Hospital - Maryland, Massachusetts Industrial Finance Agency, City of Anchorage - Alaska, Clark County School District of Nevada, Cumberland County Improvement Authority of New Jersey, Maricopa County School District No. 4 of Arizona, Pennsylvania Higher Education, University of Texas Board of Regents, State of New Jersey, Cook County Community College - Illinois, Texas Municipal Power Agency, State of Iowa Department of General Services and Department of Corrections, Northern Arizona University, Metropolitan Pier and					

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ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Exposition Authority - Illinois, Las Vegas Valley Water District - Nevada, Bergen County Utilities Authority - Illinois, Las Vegas Valley Water District - Nevada, Bergen County Utilities Public Power Authority, University of Michigan, Texas Water Development Board, Georgia State Housing and Finance Authority, Sacramento Municipal Utility District - California, Santa Ana Community Redevelopment Agency - California, Allegheny County Hospital Development Authority - Pennsylvania, Missouri Health and Educational Facilities Authority, State of Colorado, North Central Texas Health Facilities Development Corp., Washington Public Power Supply System, Texas Health Facilities Development Corp., Missouri State Environmental Improvement and Energy Resources Authority, Houston Independent School District - Texas, Nebraska Public Power District, Richland County - South Carolina, Geisinger Authority - Pennsylvania, Rhode Island Depositors Economic Protection Corp., Colorado Housing Finance Authority, North Carolina Medical Care Commission Hospital, City of Detroit - Michigan, DeSoto Parish - Louisiana, Commonwealth of Pennsylvania, Commonwealth of Massachusetts, Fairfax County - Virginia, Fulton County School District - Georgia, Town of Enfield - Connecticut General Obligation, District of Columbia General Obligation, City of Chicago - Illinois, Massachusetts Bay Transportation Authority - Massachusetts, Massachusetts Water Resources Authority, Dallas County Flood Control District No. 1 - Texas, Santa Clara Valley Water District - California, Massachusetts Housing Finance Agency, New York State Medical Care Facilities Finance Agency, City of Miami - Florida, Chicago O'Hare International Airport - Illinois, Puerto Rico Public Building Authority, Western Municipal Power Agency - Minnesota, Wisconsin Health and Higher Education Facilities Authority -					

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Wheaton Franciscan Services, City of Berwyn - Illinois, City of Little Rock - Arkansas, Pennsylvania Higher Educational Facilities - University of Pennsylvania, Wisconsin Health and Educational Facilities - Viterbo College, Wisconsin Health and Educational Facilities - Beloit College, Wisconsin Health and Educa-tional Facilities - Marian College, Wisconsin Health and Educational Facilities - Carthage College, Wisconsin Health and Educational Facilities - Norbert College, Wisconsin Health and Educational Facilities - Janesville, City of Austin - Texas, Intermountain Power Agency - Utah, Cook County Illinois General Obligation, New Jersey Transportation Trust Fund, Los Angeles Department of Airports - California Airports, Regional Transportation Authority - Illinois, State of Connecticut, Florida State Board of Education, Georgia Municipal Electric Authority, Salt River Project Agricultural Improvement & Power District - Arizona, State of Nevada, King County School District No. 414, North Charleston Sewer District - South Carolina, Minnesota Housing Finance Agency, Traverse City Area Public Schools - Michigan, City of Los Angeles - California, Grant County Public Utility School, Sacramento County - California, City and County of San Francisco - California, U.S. Government Notes, Massachusetts Health and Educational Facilities - North Shore Medical Center Inc., Adams County School District No. 12, Lafayette Parish School Board - Los Angeles, Wyoming Student Loan Corp., Big Stone CAP Redevelopment and Housing Authority, Los Angeles State Building Authority, Lane County Area Education District - Oregon, New York State Dormitory Authority, Orange County Local Authority, City of Philadelphia - Pennsylvania and Pierpont Money Market Fund (share - .14%)	E	(3)			

(3) See explanation at page 7 of 21.

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ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
MSFIT I holdings disposed of during the year ended December 31, 1995 - securities of State of Illinois State Scholarship Commission, Mercerburg Borough General Purpose Authority - Pennsylvania, State of California, City and County of Denver Colorado Airport, State of Connecticut Economic Recreation Notes, Connecticut State Clean Water Fund, Harris County Water Control and Improvement District - Texas, State of Connecticut General Obligation, Los Angeles County Transportation System - California, Florida Municipal Power Agency, City of Tacoma Electric System - Washington, Hillsborough County - Florida, New York State Mortgage Agency, State of Connecticut Special Tax Obligation, Utah State Board of Regents, City of Modesto - California, Louisiana Recovery District, Maine Municipal Bond Bank Limited, Pennsylvania Intergovernmental Cooperative Authority, District of Columbia Hospital, Texas Public Property Finance Corp., City of LeClaire - Iowa, Battery Park City Authority - New York, State of Hawaii, City of Greensboro - North Carolina, New Jersey Economic Development Authority, North Carolina Municipal Power Agency No. 1 and Massachusetts Industrial Finance Agency - Trustees of Philips Academy Andover					
Market Street New York Municipal Bond Trust - Delaware business trust - investments include: municipal bonds of Niagara Falls Bridge Commission - New York, Municipal Assistance Corp. for the City of New York - New York, Nyack Union Free School District - New York, New York State Unlimited Tax, New York State Dormitory Authority, New York State Thruway Authority,					

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Metropolitan Transportation Authority - New York, New York State Water Revolving Fund New York City Municipal Water, New York State Mortgage Agency - Homeowner Mortgage 27th, Power Authority of the State of New York, New York City Municipal Water Finance Authority - New York, Triborough Bridge and Tunnel Authority - New York, New York State Mortgage Agency and Pierpont Money Market Fund (share - 4.13%)	C	(3)			
Market Street New York Trust holdings disposed of during the year ended December 31, 1995 - municipal bonds of City of New York General Obligation - New York, Monroe County - New York General Obligation, Town of Greece - New York General Obligation, U.S. Government Notes and New York State Local Government Assistance Corp.					
Market Street Equity Trust I - Delaware business trust - investments include: Chiron Corp., Netscape Communication Corp., PSINet Inc., Fore Systems Inc., Cellpro Inc., Cygnus Inc., Parametric Technology Corp., Sequus Pharmeceuticals Inc., Ascend Communications Inc., Atria Software Inc., Avant Corp., Synopsys Inc., Walker Interactive Systems Inc., Premisys Communications Inc., Stratacom Inc., Tivoli Systems Inc., Videoserver Inc., and Pierpont Money Market Fund (share - 2.92%)	F	(3)			
Market Street Equity Trust I holdings disposed during the year ended December 31, 1995 - Liposome Technology Inc., Symantec Corp., Crosscomm Corp., Platinum					

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(3) See explanation at page 7 of 21.

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ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Technology Inc., Bay Networks Inc., Frame Technology Corp., Platinum Software Corp. and Powersoft Corp.					
Market Street Equity Trust III - Delaware business trust - investments include: American International Group Inc., Federal National Mortgage Association, General RE Corp., J.P. Morgan & Co. Inc., Bankers Trust New York Corp., Unum Corp., Airtouch Communications Inc., Amgen Inc., Security Capital Industrial Trust, Security Capital Pacific Trust, Gannett Co., Genetics Institute Inc., Washington Post Co., Ford Motor Co., Newmont Mining Corp., Intel Corp., Santa Fe Energy Resources Inc., Tosco Corp., Unocal Corp., Cousins Properties Inc., Gryphon Holdings Inc., Avatar Holdings Inc., Beazer Homes USA Inc., Noel Group., Genentech Inc., Reynolds & Reynolds Co., Santa Fe Pacific Gold Corp., Partner RE Holdings Ltd., Tenet Healthcare Corp., Time Warner Inc., General Electric Co., Lam Research Corp., Cellular Communications Inc., AK Steel Holding Corp., SmithKline Beecham plc, ACE Ltd., E.I. DuPont De Nemours & Co. and Pierpont Money Market Fund (share 1.67%)	D	(3)			
Market Street Equity Trust III holdings disposed during the year ended December 31, 1995 - Pacific Telesis Group, Comcast Corp. SPL A, Quaker Oats Co., Boeing Co., Tidewater Inc., Recognition International Inc. and Belding Hemingway Inc.					
Market Street Venture Trust I - Delaware business trust - investments include: Pierpont Money Market Fund, Market Street Fixed Income Trust I (see holdings listed above)					

(3) See explanation at page 7 of 21.

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ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
(share 1.46%), Paul Capital Partners Venture Limited Partnership and Boston Capital Ventures III Limited Partnership (investments in portfolio companies including: American Auto Funding Corp. - Chicago, IL, Child Health Systems, Inc. - Westwood, MA, The Cornerstone Group Inc. - Boston, MA, Exa Corp. - Cambridge, MA, Revelation Technologies, Inc. - Stamford, CT, Advertising Communications International, Inc. - Cambridge, MA, Brooks Properties, Inc. - Town & County, MI, Healthcare First, Inc. - Newton Upper Falls, MA, Ilex Oncology, Inc. - San Antonio, TX, PCS Development Corp. - Greenville, SC, Sensitech Inc. - Beverly, MA, Uni-Site, Inc. - Plano, TX and SCC Communications, Inc. - Boulder, CO) (share 3.64%)	D	(3)			
Partnerships:					
Corning Associates VC-3, investment in venture capital partnership (share - 3.55% /.048%**):					
Abbingdon Venture Partners LP-III, managed by the Foster Management Co., King of Prussia, PA; organized to invest in companies primarily in the health services industry	C	(2)			
Real Estate:					
Residence (occupied by the Congressman), Washington, DC	H				
Other:					
Corning Incorporated - common stock	I				
Demand notes receivable from Amory Houghton Jr.	F				
Mortgage receivable from Amory Houghton III	H				

** See explanation at page 3 of 21.

(2) See explanation at page 3 of 21.

(3) See explanation at page 7 of 21.

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AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Principal cash - interest bearing (Goldman Sachs I.L.A.)	None				
Principal cash - interest bearing (J. P. Morgan Delaware)	E				
Income cash - interest bearing (Citibank, N.A.)	None				
Income cash - interest bearing (Goldman Sachs I.L.A.)	None				
Income cash - interest bearing (J. P. Morgan Delaware)	B				
Other cash - interest bearing (Goldman Sachs & Co.)	F				
Other cash - interest bearing (J.P. Morgan Delaware)	F				
Harbor International Fund - equity mutual fund, Toledo, OH	C				
Grantham, Mayo, Van Otterloo & Co. (GMO) Emerging Markets Fund, mutual fund, Boston, MA	B				
GMO International Core Fund, mutual fund, Boston, MA	D				
GMO International Small Companies Fund, mutual fund, Boston MA	B				
Morgan Stanley Emerging Markets Portfolio, mutual fund, Chicago, IL	C				
Newport Tiger Fund, mutual fund, San Francisco, CA	C				
Longleaf Partners Fund, mutual fund, Kansas City, MO	C				
Amory Houghton Jr. Trust 12/10/34 - (interest in income and limited principal)			Trust	VI	
Holdings consist of:					
Trusts (see holdings listed above):					
Market Street Fixed Income Trust I (share - .64%)	C	(3)			
Market Street New York Municipal Bond Trust (share - 5.64%)	C	(3)			
Market Street Equity Trust II (share - .68%)	E	(3)			
Market Street Equity Trust III (share - 6.31%)	F	(3)			

(3) See explanation at page 7 of 21.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Market Street Equity Trust I (share - 1.32%)	E	(3)			
Market Street Venture Trust I (share - 1.62%)	C	(3)			
Partnerships (see holdings listed above):					
Corning Associates VC-3 (share - 1.58%/.02%**)	B	(2)			
Other:					
Corning Incorporated - common stock	I				
Mortgage receivable from Katherine Q. Houghton	E				
Principal cash - interest bearing (J. P. Morgan Delaware)	E				
Income cash - interest bearing (Citibank, N.A.)	None				
Income cash - interest bearing (J. P. Morgan Delaware)	B				
Other cash - interest bearing (Goldman Sachs & Co.)	E				
Other cash - interest bearing (J. P. Morgan Delaware)	F				
Harbor International Fund - equity mutual fund, Toledo, OH	C				
Grantham, Mayo, Van Otterloo & Co. (GMO) Emerging Markets Fund, mutual fund, Boston, MA	B				
GMO International Core Fund, mutual fund, Boston, MA	D				
GMO International Small Companies Fund, mutual fund, Boston MA	B				
Morgan Stanley Emerging Markets Portfolio, mutual fund, Chicago, IL	C				
Newport Tiger Fund, mutual fund, San Francisco, CA	C				
Brandywine Fund, mutual fund, Milwaukee, WI	B				
Longleaf Partners Fund, mutual fund, Kansas City, MO	C				
Vanguard Extended Market Portfolio, mutual fund, Philadelphia, PA	C				

** See explanation at page 3 of 21.

(2) See explanation at page 3 of 21.

(3) See explanation at page 7 of 21.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Elizabeth Houghton Trust 12/10/34 - (interest in 1/15 income only)			Trust	VI	
Holdings consist of:					
Trusts (see holdings listed above):					
Market Street Fixed Income Trust I (share - .65%)	C	(3)			
Market Street Equity Trust I (share - .53%)	D	(3)			
Market Street Equity Trust II (share - .25%)	D	(3)			
Market Street Equity Trust III (share - .26%)	B	(3)			
Market Street Venture Trust I (share - .65%)	B	(3)			
Partnerships (see holdings listed above):					
Corning Associates VC-3 (share - .629% /.008%**)	B	(2)			
Other:					
Corning Incorporated - common stock	H				
Principal cash - interest bearing (Goldman Sachs I.L.A.)	None				
Principal cash - interest bearing (J. P. Morgan Delaware)	C				
Income cash - interest bearing (Citibank, N.A.)	None				
Income cash - interest bearing (Goldman Sachs I.L.A.)	None				
Income cash - interest bearing (J. P. Morgan Delaware)	A				
Other cash - interest bearing (Goldman Sachs & Co.)	C				
Other cash - interest bearing (J.P. Morgan Delaware)	C				
Harbor International Fund - equity mutual fund, Toledo, OH	B				
Grantham, Mayo, Van Otterloo & Co. (GMO) Emerging Markets Fund, mutual fund, Boston, MA	B				
GMO International Core Fund, mutual fund, Boston, MA	C				

** See explanation at page 3 of 21.
(2) See explanation at page 3 of 21.
(3) See explanation at page 7 of 21.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
GMO International Small Companies Fund, mutual fund, Boston, MA	B				
Morgan Stanley Emerging Markets Portfolio, mutual fund, Chicago, IL	B				
Newport Tiger Fund, mutual fund, San Francisco, CA	B				
Brandywine Fund, mutual fund, Milwaukee, WI	B				
Longleaf Partners Fund, mutual fund, Kansas City, MO	B				
Vanguard Extended Market Portfolio, mutual fund, Philadelphia, PA	B				
John C. Dewey Jr. Trust - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	V	
Holdings consist of:					
Common stock:					
Abbott Labs	D				
American Home Products Corp.	D				
Amp Inc.	C				
Atlantic Richfield Co.	C				
Bellsouth Corp.	C				
Chevron Corp.	C				
Coca Cola Co.	E				
Commerce Clearing House (sold in 1995)	None				
CPC International Inc.	B				
FPL Group Inc.	D				
General Electric Co.	D				
Hewlett Packard Co.	C				
International Flavors & Fragrances Inc.	B				
MBIA Inc.	B				
Minnesota Mining and Manufacturing Co.	D				
National City Corp.	C				
New England Electric	C				
Reuters Holding plc	D				
Schering Plough Corp.	C				
Thermo Electron Corp.	B				
York International Corp.	C				
U.S. Government Obligations:					
Treasury notes	C				

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Other:					
Federated Government Tax Managed Fund (formerly Federated Investors), Pittsburgh, PA	A				
Talbot Dewey Trust 11/12/80 - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	III	
Holdings consist of:					
Common stock:					
American International Group	B				
American Home Products Corp.	C				
Automatic Data Processing Inc.	B				
Bankers Trust New York Corp. (sold in 1995)	None				
Exxon Corp.	C				
Interpublic Group Consulting Inc.	B				
FPL Group Inc.	B				
Glaxo (sold in 1995)	None				
Hartford Steam Boiler Inspection and Insurance Co. (sold in 1995)	None				
Minnesota Mining and Manufacturing Co.	B				
Myers Industries Inc. (sold in 1995)	None				
Premier Industrial Corp.	B				
Sherwin Williams Co.	B				
Wachovia Corporation	B				
U.S. Government Obligations:					
Treasury notes	B				
Other:					
Federated Government Tax Managed Fund (formerly Federated Investors), Pittsburgh, PA	B				

SCHEDULE IV - TRANSACTIONS

Identification of Asset	Transaction Type	Date	Amount of Transaction
Corning Incorporated - common stock	Gift (4)	12/29/95	D

(4) Gifts to qualified charitable organizations.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE IV - TRANSACTIONS (Continued)

Identification of Asset	Transaction Type	Date	Amount of Transaction
Evergreen Media Corporation - common stock	Transfer (5)	5/30/95	D
Evergreen Media Corporation - common stock	Sale	6/30/95	D
Newport Tiger Fund - mutual fund	Sale	7/11/95	B
Newport Tiger Fund - mutual fund	Purchase	7/20/95	B
Vinca Broadcasting L.P./Broadcasting Partners, Inc. - common stock	Transfer (5)	5/3/95	E

Market Street Equity Trust (MSET II) - During 1995, the trust sold an equity investment in Wal Mart Stores Inc. (category H), First USA Inc. (category G), Home Depot Inc. (category H), Rubbermaid Inc. (category H), Sysco Corp. (category G), Colgate Palmolive Co. (category G), Dollar General Corp. (category G) and purchased equity investments in Autodesk Inc. (category H), Colgate Palmolive Co. (category G), Dollar General Corp. (category G) and General Motors Corp. (category H). No other reportable transactions given the marginal personal investment in MSET II is less than 1/4 of 1% and the Congressman's direct interest in various other purchases or sales was below the $1,000 reporting threshold.

Acorn III - During 1995, the partnership's sole investment, Richmont Ltd. Partnership, sold its investment in an office/warehouse building (category B).

SCHEDULE V - LIABILITIES

Creditor	Type of Liability	Category
Amory Houghton Jr. Trust U/W A.B. Houghton	Notes Payable	F
Amory Houghton Jr. Trust 12/10/34	Notes Payable (paid in October 1995)	E
Chase Manhattan Bank N.A., Corning, NY	Note Payable on 76-78 East Market Street investment property.	F

SCHEDULE VII - FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Source	Dates	Point of Departure Destination Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was Family Member Included? (Y/N)	Any Time Not at Sponsor's Expense? (Y/N)
CODEL - U.S. and Japan Automobile Trade Agreement Talks	June 23-24	Washington, DC Switzerland Boston, MA	Y	Y	N	N
Aspen Institute - Russia/Eastern Europe Conference	August 24 - September 5	Boston, MA Turkey Washington, DC	Y	Y	N	Y (Sept. 1-5)

(5) On May 3, 1995, Vinca Broadcasting L.P. distributed shares of Broadcasting Partners, Inc. - common stock to its partners. As a result of a merger on May 30, 1995, these shares were converted to Evergreen Media Corporation - common stock, and subsequently sold on June 30, 1995.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE VII - FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL (Continued)

Source	Dates	Point of Departure Destination Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was Family Member Included? (Y/N)	Any Time Not at Sponsor's Expense? (Y/N)
Valve Manufacturers Association of America - Annual Meeting	October 20-23	Washington, DC Tucson, AZ Rochester, NY	Y	Y	N	N
Hastert CODEL - Congressional trip to Bosnia	December 8-11	Washington, DC Bosnia Washington, DC	Y	Y	N	N

SCHEDULE VIII - POSITIONS

Non-Profit Affiliations:
- The Meadows Charitable Trust - Trustee
- The Houghton Foundation -Trustee
- The Washington Cathedral Chapter - Inactive Trustee
- Corning Chamber of Commerce - Member
- Corning Museum of Glass - Vice President and Trustee
- Corning Incorporated Foundation - Member

Director:
- Market Street Trust Company

Congressman Houghton is also a limited partner in each of the partnerships previously listed in Parts II and III with the exception of Acorn III and Acorn IV where he serves as a general partner.

SCHEDULE IX - AGREEMENTS

Date	Parties to	Terms of Agreement
2/87	Retired employee of Corning Incorporated and beneficiary of certain Company retirement pension and health plans.	Benefits received in accordance with normal plan provisions (lump-sum and/or monthly).
2/87	Corning Incorporated (former employer)	Transportation benefits - any retired employee (or immediate family member) is permitted to travel on the Company plane subject to space availability and without charge. For income tax purposes only, income is imputed to the retiree based upon the prevailing commercial airline value of the trip and reported by the Company on federal Form-1099 MISC. Congressman Houghton may also elect to reimburse Corning Incorporated, based on the prevailing commercial airline value of the trip, for use of the Company plane.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

STENY HAMILTON HOYER
(Full Name)

1705 LONGWORTH HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

Daytime Telephone 202-225-4131

Filer Status	☒ Member of the U S House of Representatives — State Maryland, District 5th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/96

STENY HAMILTON HOYER
Name

Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	JUDITH P. HOYER -PRINCE GEORGE'S CO. BOARD OF EDUCATION	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

STENY HAMILTON HOYER Name	Page 3 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1994	$2 000
	XYZ Magazine	Article	Aug 13, 1994	$500
	AMERICAN SOCIETY OF ANESTHESIOLOGISTS	SPEECH	April 10, '95	$2,000

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Name STENY HAMILTON HOYER

Page 4 of 6

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in “unearned” income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be “None.”

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in “NA” for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Keogh-Legg Mason					X													NA										
JT	MASS CASH MGMT		X												X				X										
	MARYLAND STATE RETIREMENT		X																NA										
SP	P.G. CO. BRD OF EDUCATION	UNKNOWN																											
SP	IRA - LEGG MASON		X																NA										

For additional assets and unearned income, use next page.

Name STENY HAMILTON HOYER

Page 5 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash, D C —Chicago—Wash, D C	N	N	N	N
	Roycroft Corporation	Aug 6-13	Wash, D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Cable TV Assoc.	5/7-8/95	Wash,DC-Dallas-Wash,DC	Y	Y	N	N

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Name STENY HAMILTON HOYER	**Page** 6 **of** 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	Univ. of Md. Chancellor's Advisory Council
Member	Univ. of Md. School of Public Affairs, Board of Visitors
Member	St. Mary's College President's Advisory Council
Member	Baltimore Council of Foreign Affairs
Member	Naval Academy Board of Visitors

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

DUNCAN LEE HUNTER
(Full Name)

2265 Rayburn HOB
Washiongton, DC 20515
(Mailing Address)

Daytime Telephone
(202) 225-5672

Filer Status	☒ Member of the U S House of Representatives State ____ District ____	☐ Officer or Employee	Employing Office ____
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Duncan Lee Hunter

DATE (Month/Day/Year) 5/14/96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name [illegible] III HUNTER

Page 2 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, Ky accounts					X									X							X							
JT	House, Walney Rd, Chantilly, VA						X							X									X						
JT	Stable & Barn, Chantilly, VA			X									NONE						X										
	Cabin, Blue Ridge Mtns, Warren County VA			X										X								X							
	97 Acres, Warren County, VA			X									NONE						X										
JT	5 [illegible] Acre Lot, Riverside, CA			X									NONE						X										

For additional assets and unearned income, use next page.

Name DUNCAN LEE HUNTER

Page 3 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.				X						
JT	Wright Patman Federal Credit Union, Wash,DC	Personal Loan	X									
JT	Key Corp Mortgage, Albany, NY	Mortgage on Chantilly,VA Home				X						
	I. Moskey, Alexandria, VA	Loan -Blue Ridge Mtn Acreage			X							
JT	Bank of Coronado, Coronado, CA	Personal Loan	X									
JT	AT&T Credit Card	Revolving Credit Card	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name DUNCAN LEE HUNTER | Page 4 of 5

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash , D C —Chicago—Wash , D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Northrup Corporation	Apr 18	San Diego-Palmdale-San Diego	N	Y	N	N

This page may be copied if more space is required.

Name DUNCAN LEE HUNTER	**Page** 5 **of** 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Co-Chairman	National Security Caucus (No Salary)
Board Member	American Conservative Union (No Salary)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(4)

96 MAY 15 PM 2:41

HAND DELIVERED
MC
(Office Use Only)

Y. Tim Hutchinson (Full Name)

309 Razorback, P.O. Box 933 (Mailing Address)
Bentonville, AR 72712

202-225-4301 (Daytime Telephone)

Filer Status ☒ Member of the U.S. House of Representatives State ___ District ___ ☐ Officer or Employee Employing Office ___

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date ___

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL: Y. Tim Hutchinson

DATE (Month/Day/Year): 5/15/96

Name Y.Tim Hutchinson

Page 2 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del.							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	Congressional Federal Credit Union		x																										

For additional assets and unearned income, use next page.

Name Y. Tim Hutchinson

Page 3 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Marjorie Hutchinson, Ada, Oklahoma	Personal Loan		x								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Y. Tim Hutchinson

Page 4 of 4

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation	Aug. 15-23	Fayetteville - Jerusalem - Fayetteville	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Henry J. Hyde
Full Name

House of Representatives
Mailing Address

Washington, D.C. 20515

202-225-4561
Office Telephone

MC HAND DELIVERED
(Office Use Only)

Filer Status: ☒ Member of the U.S. House of Representatives State: ILLINOIS District: 6 ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. Yes ☒ No ☐

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV. Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI. Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII. Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS— Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, § 104)

SIGNATURE OF REPORTING INDIVIDUAL
Henry J. Hyde

DATE (Month/Day/Year)
5-15-96

Name Henry J. Hyde

Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Illinois General Assembly Retirement, Springfield, Il	legislative pension	5,917.56

For payments to charity in lieu of honoraria, use Schedule II.

Name Henry J. Hyde	Page 3 of 4

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb 2, 1994 Aug 13, 1994	$2,000 $500
National Cable Television Assoc. Washington, D.C.	speech	5-7-95	$1500.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Henry J. Hyde

Page 4 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Examples	SP Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del.							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
	Congressional Federal Credit Union, Washington D.C.					X										X							X							
	White House Federal Credit Union (IRA) Washington, D.C.				X											X				NA IRA										

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

MC (Office Use Only)

Robert Durden Inglis
(Full Name)

15 Ben Street
Greenville, South Carolina 29601
(Mailing Address)

Daytime Telephone 202/225-6030

Filer Status ☒ Member of the U.S House of Representatives State SC District 04 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** Yes ☐ No ☒

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you your spouse or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Bob D. Inglis

DATE (Month/Day/Year) 5/15/96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert D, Inglis

Page 1 of 2

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	First Union Bank of SC (Individual Retirement Acct holding the following assets):			X																									
	Aim Value Class B		X																				NA						
	Aim Global Utilities Fund B (frmrly Aim Utilities Fund Class B)		X																				NA						
	American Capital Equity Income Fund (Class B)		X																				NA						
	GT Growth & Income Fund (Class B)		X																				NA						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert D. Inglis

Page 2 **of** 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000, 001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	P. S. E
	Carolina First Bank Savings Acct (No 2010014803)		x												x				x										
	Carolina First Bank Investment Chckhg (No. 1017235467)		x												x					x									

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

Ernest James Istook, Jr. (Full Name)

6113 Inland

Warr Acres, OK 73132 (Mailing Address)

Home: (405) 722-3366

Okla. ofc: (405) 942-3636

D.C. ofc.: (202) 225-2132

Daytime Telephone

Filer Status: ☒ Member of the U.S. House of Representatives State Oklahoma District 5th ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Ernest J. Istook Jr.

DATE (Month/Day/Year) May 15, 1996

Name ISTOOK, Ernest James, Jr. Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Presbyterian Hospital	Spouse Salary - Nursing	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name ISTOOK, Ernest James, Jr.

Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E P, S, E
SP	*Examples* Mega Corp Stock				X								X							X									P
	123 Main St, Dover, Del							X						X											X				
JT	1st Bank of Paducah KY accounts					X									X							X							
	Law Office Furnishings & Equipment 5400 N. Grand, Oklahoma City, and storage		X																X										
	Istook & Associates, P.C., stock (being dissolved)		X																X										
JT	Community Bank, Warr Acres, OK	X																	X										
JT	Home - 6113 Inland Rd., Warr Acres, OK					X													X										
	Investors Group, Ltd., Stock (Corp dissolved 12/95 Proceeds actually received 1/1/96)	X														X				X									Corp dissolved 12/95, dissolution proceeds received 1/1/96
	IRA Account - Scudder Japan Fund, Inc. Boston, MA	X														X			X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ISTOOK, Ernest James, Jr. Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	The following holdings are via self-directed retirement plan of Istook & Associates, P.C.:																												
	Liberty National Bank (account) Oklahoma City, OK			X																									
	Judy McKinney Prom. Note & Mtg. - Bethany, OK			X											X				X										
	Ron, Pam, Aaron & Julie Keeling Prom. Note & Mtg. - Chandler & Depew, OK			X											X				X										
	Ernest & Judy Istook Prom. Note & Mtg. - Warr Acres, OK				X										X				X										

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Name ISTOOK, Ernest James, Jr.

Page 5 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation	Aug. 7-15	Oklahoma City - Tel Aviv (& other Israel destinations) - Oklahoma City	Y	Y	Y	N

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Name /STOOK, Ernest James, Jr. Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President & Director	Istook & Associates, P.C., Oklahoma City, OK

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

Jesse L. Jackson, Jr. (Full Name)

2559 East 72nd Street (Mailing Address)

Chicago, Illinois 60649

(202) 225-0773 (Daytime Telephone)

Filer Status ☒ Member of the U.S. House of Representatives State ____ District ____ ☐ Officer or Employee Employing Office ____

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, §104.)

SIGNATURE OF REPORTING INDIVIDUAL Jesse Jackson Jr

DATE (Month, Day, Year) 5/15/96

Name Jesse L. Jackson, Jr.

Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	H.E.R.E. - Washington, D.C.	Salary	$26,029.00
	Program Corporation of America - White Plains, N.Y.	Speaking Fees	$24,589.00
	National Press Books - "Legal Lynching"	Advance	$7,500.00
	(Race & the Death Penalty)		

For payments to charity in lieu of honoraria, use Schedule II.

Name Jesse L. Jackson Jr.

Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D C	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jesse L. Jackson, Jr.

Page 4 of 10

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	MFS Research Fund - B			X									X								X								
	MFS Total Return Fund - B			X									X								X								
	Putnam Tax-Free Hi Yield - B			X									X							X									
	Putnam Growth & Income - B			X									X								X								E
	Putnam Municipal Income - B			X									X									X							S/E
	Putnam Diversified Income - B			X									X							X									E

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jesse L. Jackson, Jr.

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1 001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2 500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Putnam Equity Income - B		X										X						X										
	Putnam Growth & Income II - B			X									X								X								S
	Putnam Tax-Free Ins. - B			X									X										X						E
	Putnam Capital Apprec. (IRA)			X											N/A						N/A								
	Putnam Asset Alloc. Growth (IRA)				X										N/A						N/A								
SP	American ICA (IRA)			X											N/A						N/A								
SP	Putnam Asset Alloc. Growth (IRA)		X												N/A						N/A								
SP	J. Hancock Spec. Equit. (IRA)	X													N/A						N/A								

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SCHEDULE IV — TRANSACTIONS

Name Jesse L. Jackson, Jr.

Page 6 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
	Putnam Tax-Free Ins - B			X	08-22-95		X								
	Putnam Tax-Free Ins - B			X	08-22-95		X								
	Putnam Tax-Free Ins - B			X	08-25-95		X								
	Putnam Growth & Income - B		X		10-17-95		X								
	Putnam Municipal Income - B			X	08-15-95	X									
	Putnam Municipal Income - B		X		08-16-95	X									
	Putnam Municipal Income - B			X	08-22-95		X								
	Putnam Municipal Income - B			X	08-25-95	X									
	Putnam Diversified Income - B		X		10-17-95		X								
	Putnam Growth & Income II - B		X		10-06-95	X									
	Putnam Growth & Income II - b		X		12-06-95	X									
	Putnam Diversified Income - B			X	08-22-95		X								
	Putnam Equity Income Fund - B			X	08-25-95	X									
	Putnam Growth & Income - B			X	08-22-95		X								
	Putnam Growth & Income II - B			X	08-22-95		X								
	Putnam Tax- Free Hi Yield - B			X	08-25-95		X								

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Name Jesse L. Jackson, Jr.

Page 7 of 10

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	Putnam Capital Apprec - B (IRA)			X	08-15-95	X									

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Name Jesse L. Jackson, Jr.	Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Jesse L. Jackson, Jr.

Page 9 of 10

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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Name Jesse L. Jackson, Jr.	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
International Organizer	H.E.R.E. - National Rainbow Coalition
Vice President At-Large	Operation PUSH - Uncompensated
President	Keep Hope Alive PAC - Uncompensated

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

RECEIVED
LEGISLATIVE RESOURCE CENTER
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U S HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Andrew Jacobs, Jr.
(Full Name)

2313 Rayburn Bldg. D.C. 20515-1410 (Mailing Address) 202-225-4011 (Daytime Telephone)

MC HAND DELIVERED (13)
(Office Use Only)

Filer Status	☒ Member of the U S House of Representatives — State IN. District 10th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL
Andrew Jacobs, Jr.

DATE (Month/Day/Year)
4·17·96

Name Andrew Jacobs, Jr. Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable, Oct. 2nd	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
As a T.V. talent, and an independant contractor, spouse did broadcast commercials — and designed and made wedding dresses.		$3,828.50

For payments to charity in lieu of honoraria, use Schedule II

Name Andrew Jacobs, Jr. Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ANDREW JACOBS, Jr.

Page 4 of 9

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." A None - $1,000 B $1,001 – $15,000 C $15,001 – $50,000 D $50,001 – $100,000 E $100,001 – $250,000 F $250,001 – $500,000 G $500,001 – $1,000,000 H $1,000,001 – $5,000,000 I $5,000,001 – $25,000,000 J $25,000,001 – $50,000,000 K Over $50,000,000	If other than one of the listed categories, specify the type of income by writing a brief description in this block. DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED TRUST QUALIFIED BLIND TRUST	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. I None - $200 II $201 – $1,000 III $1,001 – $2,500 IV $2,501 – $5,000 V $5,001 – $15,000 VI $15,001 – $50,000 VII $50,001 – $100,000 VIII $100,001 – $1,000,000 IX $1,000,001 – $5,000,000 X Over $5,000,000	Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year. P, S, E
SP	Examples: SP Mega Corp. Stock	X (D)	X (DIVIDENDS)	X (II)	P
DC	Examples: 123 Main St. Dover Del	X (G)	X (RENT)	X (VII)	
JT	Examples: 1st Bank of Paducah, KY accounts	X (E)	X (INTEREST)	X (IV)	
SP	FIRST IND. SAVINGS BANK	5,331.21		313.98	
JT	NATIONAL BANK of DETROIT	25,732.97		1514.86	
SP	NATIONAL BANK of DETROIT-IRA	45,128.14	N/A		
	CONG. FED. CREDIT UNION	12,384.30		201.21	
	TWO U.S. GOVT. BONDS	200,000.—		11,158.—	
	INDIANAPOLIS CITY SECURITIES-BOND ACC.	120,262.50		6,461.67	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Andrew Jacobs, Jr

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	

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SCHEDULE IV — TRANSACTIONS

Name ANDREW JACOBS, Jr.

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	City Securities Corp. of Indianapolis reinvests bonds it purchased and holds for me as a consequence of my investment with the firm ($70,000 in the early 1970's and $50,000 more in the mid-1980's).														
	I do not participate in choices of replacement bonds as old bonds mature.														
	NO OTHER TRANSACTIONS.														

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Name Andrew Jacobs, Jr. Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name ANDREW JACOBS, JR. Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

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Name ANDREW JACOBS, JR Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

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Use additional sheets if more

City Securities Corporation

135 N. PENNSYLVANIA STREET, SUITE 2200, INDIANAPOLIS, IN 46204

Nearly 70 solid years of complete investment banking service

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[illegible]
[illegible]

634 OC

STATEMENT PERIOD
12/01/94 TO 12/31/94

ACCOUNT NUMBER
[illegible]

TAXPAYER NUMBER
[illegible]

INVESTMENT EXECUTIVE
KENYON R. BLOCHER
135 N. PENNSYLVANIA STREET
SUITE 2200
INDIANAPOLIS, IN 46204
(317) 634-4400
(800) 800-CITY (2489)

PREVIOUS STATEMENT
11/30/94

ASSET CHANGES SUMMARY

	11/30/94	12/31/94
ACCOUNT CASH	$6.81	$80,278.19-
MONEY MARKET FUND	0.00	0.00
PRICED EQUITIES	0.00	0.00
PRICED FIXED INCOME	119,512.50	198,512.50
PORTFOLIO VALUE	$119,519.31	$118,234.31
MARGIN LOAN BALANCE	0.00	0.00
PORTFOLIO NET WORTH	$119,519.31	$118,234.31

PORTFOLIO INCOME SUMMARY

	12/01/94 TO 12/31/94	YEAR TO DAT
FEDERATED MONEY MKT FD	$0.00	$0.0
SECURITIES DIVIDENDS	0.00	0.
CORPORATE BOND INTEREST	0.00	0.0
GOVERNMENT BOND INTEREST	0.00	0.0
MUNICIPAL BOND INTEREST	0.00	2,307.1
CAPITAL GAIN	0.00	0.
TOTAL PORTFOLIO INCOME	$0.00	$2,307.1

MESSAGE CENTER

MORE THAN $26 BILLION IN MUNICIPAL BONDS WERE REDEEMED ON 1-1-95 WITH AN ANTICIPATED TOTAL OF $300 BILLION DURING THE YEAR. THE DEMAND FOR BONDS SHOULD EXCEED THE SUPPLY. WITH INTEREST RATES AT THREE YEAR HIGHS, IT SHOULD BE A GOOD TIME TO LOCK IN TODAY'S YIELDS.

YOUR PORTFOLIO

AS OF 12/31/94

T	YOUR HOLDINGS - PRICED	QUANTITY	APPROXIMATE MARKET PRICE	APPROXIMATE MARKET VALUE
1	CLARKSVILLE IN 4.75 PARK & REC DIST SER 94 DUE 1-1-96 DTD 12-1-94 FIRST INT PMT 7-1-95 (BQ) NC (182388AA-6)	80,000	99.000	$79,200.00
1	GREATER CLARK IN 5.90 ELEM SBC DUE 1-1-95 DTD 8-1-91 (AMBAC) (39167CAG-5)	25,000	100.000	25,000.00
1	HAMILTON CO IN 4.50 EDR (TRI CNTY CTR INC) 1ST MTG DUE 7-1-96 DTD 3-15-94 (BQ) NC (40721MAB-1)	10,000	98.000	9,800.00
1	INDIANA 3.20 BOND BANK SPL PROG SER A-1 REV DUE 8-1-95 DTD 1-15-94 FIRST INT PMT 8-1-94 (BOOK ENTRY) (45462140-3)	5,000	[illegible]	4,887.50
1	INDIANA ST 4.35 HLTH FAC FIN AUTH HOSP REV REF (WELBORN MEM) DUE 7-1-97 DTD 10-1-93 (BE) NC (454797SR-3)	10,000	96.250	9,625.00
1	INDIANAPOLIS IN 7.10 SANI DIST GEN OBLIG DUE 1-1-95 (455362３G-6)	20,000	100.000	20,000.00
1	MISHAWAKA-LASALLE IN 2.90 SBC 1ST MTG REFD SER 1994 DUE 1-5-95 DTD 1-15-94 FIRST INT PMT 7-5-94 (BQ) NC (604845BH-9)	15,000	100.000	15,000.00
1	SOUTHWEST ALLEN CNTY IN 6.75 MET DUE 1-15-95 DTD 6-15-88 ESCROW TO MATURITY (844750CU-1)	10,000	100.000	10,000.00
1	VINCENNES IN 6.70 CMNTY SBC DUE 1-1-95 DTD 10-1-86 NC (927207AG-5)	25,000	100.000	25,000.00
	FIXED INCOME TOTAL			$198,512.50
	CASH ACCOUNT	0.00		80,278.19-

FN 020762-00002-009940 20515

STATEMENT PERIOD
12/01/94 TO 12/31/94

INVESTMENT EXECUTIVE
KENYON R. BLOCHER

ANDREW JACOBS JR.

ACCOUNT NUMBER
17-4728

YOUR PORTFOLIO - CONTINUED

YOUR HOLDINGS - PRICED	QUANTITY	AS OF 12/31/94 APPROXIMATE MARKET PRICE	APPROXIMATE MARKET VALUE
CASH/EQUIVALENT TOTAL			$80,278.19-
TOTAL PORTFOLIO VALUE			$118,234.31

ALUATIONS OF SECURITY POSITIONS ARE OBTAINED FROM PRICING SERVICES CONSIDERED RELIABLE. THEY ARE PROVIDED ONLY AS A GUIDE
D DETERMINING PORTFOLIO VALUE. FOR MORE SPECIFIC VALUES, PLEASE CALL YOUR INVESTMENT EXECUTIVE.

ACCOUNT ACTIVITY

DATE	ACTIVITY	DESCRIPTION	QUANTITY	PRICE	AMOUNT	MONEY MARKET BALANCE
12/01	OPENING BALANCE	CASH ACCOUNT TYPE 1			6.81	
12/28	PURCHASED	CLARKSVILLE IN 4.75 PARK & REC DIST SER 94 DUE 1-1-96 DTD 12-1-94 FIRST INT PMT 7-1-95 (BQ) NC (182388AA-6)	80,000	100.000	80,285.00-	
12/31	CLOSING BALANCE	CASH ACCOUNT TYPE 1			80,278.19-	

City Securities Corporation
135 N. PENNSYLVANIA STREET, SUITE 2200, INDIANAPOLIS, IN 46204
Nearly 70 solid years of complete investment banking service

PAGE 1 OF 2

[redacted]

ANDREW JACOBS JR
2313 RAYBURN OFFICE BLDG
WASHINGTON, DC 20515

STATEMENT PERIOD
12/01/95 TO 12/31/95

ACCOUNT NUMBER
17-4728

TAXPAYER NUMBER
309-26-8562

INVESTMENT EXECUTIVE
KENYON R. BLOCHER
135 N. PENNSYLVANIA STREET
SUITE 2200
INDIANAPOLIS, IN 46204
(317) 634-4400
(800) 800-CITY (2489)

PREVIOUS STATEMENT
11/30/95

ASSET CHANGES SUMMARY

	11/30/95	12/31/95
ACCOUNT CASH	$0.00	$0.00
MONEY MARKET FUND	0.00	0.00
PRICED EQUITIES	0.00	0.00
PRICED FIXED INCOME	119,225.00	120,262.50
PORTFOLIO VALUE	$119,225.00	$120,262.50
MARGIN LOAN BALANCE	0.00	0.00
PORTFOLIO NET WORTH	$119,225.00	$120,262.50

PORTFOLIO INCOME SUMMARY

	12/01/95 TO 12/31/95	YEAR TO DA
FEDERATED MONEY MKT FD	$0.00	$0.
SECURITIES DIVIDENDS	0.00	0.
CORPORATE BOND INTEREST	0.00	0.
GOVERNMENT BOND INTEREST	0.00	0.
MUNICIPAL BOND INTEREST	0.00	6,461.
CAPITAL GAINS	0.00	0.
TOTAL PORTFOLIO INCOME	$0.00	$6,461.

MESSAGE CENTER

ASK YOUR ACCOUNT EXECUTIVE ABOUT THE NEW S&P 500 INDEX TRUST, CREATED TO ALLOW INVESTORS, LIKE YOURSELF, A CONVENIENT AND COST EFFICIENT WAY TO INVEST IN THE S&P 500 INDEX.

PLEASE WATCH FOR CITY SECURITIES NEW INFORMATIVE TRADE CONFIRMATIONS THAT WILL BE MAILED IN A LETTER SIZED WINDOW ENVELOPE START IN 1996

YOUR PORTFOLIO

AS OF 12/31/95

T	YOUR HOLDINGS - PRICED	QUANTITY	APPROXIMATE MARKET PRICE	APPROXIMATE MARKET VALUE
1	CLARKSVILLE IN 4.75 PARK & REC DIST SER 94 DUE 1-1-96 DTD 12-1-94 (BQ) NC (182388AA 6)	80,000	100.000	$80,000.00
1	HAMILTON CO IN 4.50 EDR (TRI CNTY CTR INC) 1ST MTG DUE 7-1-96 DTD 3-15-94 (BQ) NC (40721MAB-1)	10,000	100.000	10,000.00
1	INDIANA ST 4.35 HLTH FAC FIN AUTH HOSP REV REF (WELBORN MEM) DUE 7-1-97 DTD 10-1-93 (BE) NC (454797SR-3)	10,000	100.000	10,000.00
1	INDIANA ST 5.10 HSG FIN AUTH SFMR SER 95B DUE 1-1-02 DTD 6-1-95 FIRST INT PMT 1-1-96 (BE) SUBJ TO SPECIAL REDEMPTION (455052J2-7)	5,000	100.000	5,000.00
1	URBANA IL 4.75 ADJ RT MFHR (VLG CMNTY PTNR I,LP) DUE 6-1-29 DTD 6-29-94 (LOC FIDELITY FED) (AMT) MAND PUT 1-1-96 @100 (917095AA 9)	15,000	101.750	15,262.50
	FIXED INCOME TOTAL			$120,262.50
	CASH ACCOUNT	0.00		0.00
	CASH/EQUIVALENT TOTAL			$0.00
	TOTAL PORTFOLIO VALUE			$120,262.50

VALUATIONS OF SECURITY POSITIONS ARE OBTAINED FROM PRICING SERVICES CONSIDERED RELIABLE. THEY ARE PROVIDED ONLY AS A GUIDE TO DETERMINING PORTFOLIO VALUE. FOR MORE SPECIFIC VALUES, PLEASE CALL YOUR INVESTMENT EXECUTIVE.

PAGE 2 OF 2

STATEMENT PERIOD
12/01/95 TO 12/31/95

INVESTMENT EXECUTIVE
KENYON R. BLOCHER

ANDREW JACOBS JR.

ACCOUNT NUMBER
17-4728

ACCOUNT ACTIVITY

T	DATE	ACTIVITY	DESCRIPTION	QUANTITY	PRICE	AMOUNT	MONEY MARKET BALANCE
1	12/01	OPENING BALANCE	CASH ACCOUNT TYPE 1			0.00	
1	12/31	CLOSING BALANCE	CASH ACCOUNT TYPE 1			0.00	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER ⑨

96 MAY 15 PM 3:35

HAND DELIVERED

MC

(Office Use Only)

William Jennings Jefferson
(Full Name)

240 Cannon Bldg.
(Mailing Address)

WASHINGTON, D.C. 20515

(202) 225-6636
(Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives	State LA District 02	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A **$200** *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS— Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Wm. J. Jefferson

DATE (Month/Day/Year) 5/15/96

Name William J. Jefferson

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	The A Group, Inc.	Spouse Salary	

For payments to charity in lieu of honoraria, use Schedule II.

Name William J. Jefferson | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug 13, 1994	$500
Tobacco Institute (Contribution to SCLC) Southern Christian Leadership Conference	Speech	Nov. 5, 1995	$2,000.00

This page may be copied if more space is required.

Name William J. Jefferson

Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14-20

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT		Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples	SP Mega Corp. Stock				X								X							X									P
DC		123 Main St., Dover, Del							X						X											X				
JT		1st Bank of Paducah, KY accounts					X									X								X						
		Residential Rental Property Rt. 3 Box 26 Lake Providence, La			X										X					X										
		Farmland - 40 acres Rte. 3 Box 26, Lake Providence, La				X									X							X								
		Farmland - 5 acres Rte. 3 Box 26, Lake Providence, La		X											X					X										
		Jefferson, Bryan, Jupiter, et al. (Shares in legal Corp)						X								X	X										X			

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Jefferson

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Jefferson for Mayor Campaign Committee, loan receivable					X													X										
	Jefferson Interests loan receivable					X													X										

This page may be copied if more space is required.

Name *William J. Jefferson* Page *6* of *9*

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–95		X								
	NONE															

This page may be copied if more space is required.

Name William J. Jefferson | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Peoples Bank & Trust Chalmette La	Unsecured		X								
	Hibernia Nat'l Bank, N.O., La.	Secured	X									
	Wright Patman Credit Union	Secured		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name William J. Jefferson | Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. **For further information, see Instructions, pages 24–25.**

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C. – Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C. - Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

This page may be copied if more space is required.

Name William J. Jefferson Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE DURING Reporting Period	
	See 1990 Disclosure form	
	for prior agreement	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

96 MAY 15 AM 9:24

HAND DELIVERED

WC

(Office Use Only)

Eddie Bernice Johnson
(Full Name)

2515 McKinney Suite 1565
Dallas, Texas 75201
(Mailing Address)

(214) 922-8885
Daytime Telephone

Filer Status ☒ Member of the U.S. House of Representatives State Texas District 30 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 1-11.) Yes ☐ No ☒

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Eddie

DATE (Month, Day, Year) May 14 1995

Name Eddie Bernice Johnson

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Texas	Legislative Pension	$18,000.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Eddie Bernice Johnson | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples : Association of American Associations, Wash D C	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug 13, 1994	$500
National Cable Television Association	Convention	May 7, 1995	$1,500.00 to African American Museum

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Name Eddie Bernice Johnson

Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Mutual of America (IRA)		X												X					NA									
	Texas Federal Credit Union		X												X				X										
	Bank One C.D.			X											X					X									
	U.S. Savings Bonds		X												X					NA									
	7514-7516 Olusta Drive				X									X								X							
	Dallas, TX 75217 Duplex																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eddie Bernice Johnson

Page 5 of 9

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name Eddie Bernice Johnson

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	Type of Transaction: SALE	Type of Transaction: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Lanark Property		X					X							
	Peoples S&L demand note settlement						X								

This page may be copied if more space is required.

Name Eddie Bernice Johnson

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP DC JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	Colonial Savings and Loan	7514-7516 Olusta Drive	X									
		Dallas, Texas 75217										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Eddie Bernice Johnson | **Page** 8 **of** 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Laborer's International	Feb.18,1995 Feb.20,1995	Dallas-Miami,FL-Dallas	Y	Y	N	N
	American Assoc. of Railroads	Apr.21,1995 Apr.24,1995	Dallas-Palm Springs,CA-Dallas	Y	Y	N	N
	National Foundation for Women	June 9,1995 June 11,1995	Wash., D.C.-Guatemala-Wash., D.C.	Y	Y	N	N
	Legislators, Inc.						

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Name Eddie Bernice Johnson	**Page** 3 **of** 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions pages 25--26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
	NA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to. future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 26

Date	Parties To	Terms of Agreement
	NA	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

⑨

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U.S. HOUSE OF REPRESENTATIVES

mc HAND DELIVERED
(Office Use Only)

Nancy L. Johnson
(Full Name)

343 Cannon HOB
Washington DC 20515
(Mailing Address)

Daytime Telephone: 202-225-4476

Filer Status ☒ Member of the U S House of Representatives — State CT — District 06 ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☒ No ☐

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C. app 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL Nancy L. Johnson

DATE (Month/Day/Year) May 14, 1996

Name Nancy L. Johnson

Page 2 **of** 9

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Grove Hill Medical Center	spouse salary	n/a

For payments to charity in lieu of honoraria, use Schedule II.

Name Nancy L Johnson	Page 3 of 9

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium

A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information see Instructions pages 13-14

Source	Activity	Date	Amount
Examples Association of American Associations Wash , D C	Speech	Feb 2, 1994	$2 000
XYZ Magazine	Article	Aug 13 1994	$500
Coalition Against Regressive Taxation	speech	2/21 95	$ 2,000

Name Nancy L Johnson | **Page** 4 **of** 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

			BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP.			Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC.	*Examples*	SP	123 Main St., Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT			1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
			Am Sav Bank escrow acct	$1 - $1,000	Interest	$1 - $200	NA
			Am. Sav.Bank IRA	$1,001 - $15,000	n/a	NA	NA
			Bk of Western MA-checking	$1,001 - $15,000	Interest	$1 - $200	NA
			CT Gen Realty Investors	$1 - $1,000	Interest	$201 - $1,000	S
			Fidelity Balanced Fund-IRA	$1,001 - $15,000	n/a	NA	NA
			Fidelity CT tax free hi yield	$15,001 - $50,000	Interest	$2,501 - $5,000	NA
			Fidelity Gov't Securities	$1,001 - $15,000	Interest	$201 - $1,000	NA
			Fidelity Growth/Income-IRA	$1,001 - $15,000	n/a	NA	NA
			FidelitySpartanGinnieMae-IRA	$1,001 - $15,000	n/a	NA	NA

Name Nancy L Johnson | **Page** 5 of 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

FidelityUtilitiesIncome-IRA	$1,001 - $15,000	n/a	NA	E
First City Bank - checking	$15,001 - $50,000	Interest	$201 - $1 000	NA
First City Bank - stock	$1,001 - $15,000	n/a	$1 - $200	NA
Fleet Bank - savings	$1 - $1,000	Interest	$1 - $200	NA
Gino's Associates - ltd ptner	$15 001 - $50,000	Interest	$1 - $200	NA
IUC Harbin	$1 - $1 000	Interest	$201 - $1,000	S
Internal Revenue Service	$1 - $1,000	Interest	$201 - $1 000	NA
Janus Flexible Income Fund	$1,001 - $15 000	Dividends	$1 - $200	P
Janus Twenty Fund	$1 - $1,000	Dividends	$1 - $200	E
Janus Venture Fund	$1,001 - $15,000	Dividends	$1 - $200	E
Lindner Dividend Fund - IRA	$1,001 - $15,000	n/a	NA	NA
Mutual Shares Fund - IRA	$1,001 - $15,000	n/a	NA	NA
Nuveen Muni Bond Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	S
Nuveen tax exempt unit trust	$15 001 - $50 000	Capital Gains and Dividends	$2,501 - $5,000	NA
Pension fund GroveHillMedCt	Over $1,000,000	n/a	NA	NA
Rental property 785-7 Corbin Ave., New Britain, CT	$100,001 - $250,000	Rent	$5 001 - $15,000	NA
Scudder Int'l Fund - IRA	$1 001 - $15,000	n/a	NA	P
Stanley Works Stock	$100 001 - $250 000	Dividends	$2,501 - $5,000	NA
Vanguard Ext Market - IRA	$1 001 - $15 000	n/a	NA	NA
Fidelity Global Bal Fund-IRA	$1,001 - $15 000	n/a	NA	NA
Fidelity Balanced Fund	$1,001 - $15 000	n/a	NA	NA
Investment Associates	$15,001 - $50,000	Interest	$1 001 - $2,500	NA
W PatmanFedCredUn-checkg	$1 001 - $15 000	Interest	$201 - $1,000	NA
Linda'sFlameRoastedChicken	$1,001 - $15 000	Dividends	NA	NA

Name Nancy L. Johnson | **Page** 6 of 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Fidelity Asset Manager - IRA	$15,001 - $50,000	n/a	NA	E

Name Nancy L Johnson **Page** 7 of 9

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Janus Flexible Income Fund	Purchase	07-17-95	$1,001 - $15,000
	Janus Flexible Income Fund	Purchase	10-27-95	$1,001 - $15,000
	Janus Twenty Fund	Exchange	01-16-95	$1,001 - $15,000
	Janus Venture Fund	Exchange	01-16-95	$1,001 - $15,000
	Fidelity Asset Manager	Exchange	01-16-95	$1,001 - $15,000
	Fidelity Utilities Income Fund	Exchange	01-16-95	$1,001 - $15,000
	Scudder International Fund	Purchase	01-09-95	$1,001 - $15,000
	Nuveen Muni-Bond Fund	Sold	12-29-95	$1,001 - $15,000

Name Nancy L Johnson | Page 8 of 9

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further Information, see **Instructions**, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
	First City Bank, New Britain,CT	mortgage on 785-7 Corbin Ave , New Britain, CT	$15,001 - $50,000

Name Nancy L. Johnson

Page 9 **of** 9

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude**: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C. Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute	08-24/09-01	Htfd,CT-Istanbul,Turkey-Wash,DC	Y	Y	Y	no
Asia Pacific Exchange Foundation	08-07/08-20	Htfd, CT-Indonesia-Htfd,CT	Y	Y	Y	no
Radcliffe College	05-25	Wash,DC-Boston MA	N	Y	N	no

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

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mc
(Office Use Only)

The Honorable Samuel Robert Johnson
(Full Name)

1030 Longworth House Office Building
Washington DC 20515
(Mailing Address)

Daytime Telephone: (202) 225-4201

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U S House of Representatives	State TX District 03	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL
Samuel R Johnson

DATE (Month/Day/Year)
5-15-96

Name The Honorable Samuel Robert Johnson **Page** **of**

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions [illegible] 13

	Source	Type	Amount
	Keene State	Approved Teaching Fee	[illegible]
	State of Maryland	Legislative Pension	[illegible]
Examples	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	USAF and VA Disability	Disability pension	[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

Name The Honorable Samuel Robert Johnson | **Page** of

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
Invest to Compete Alliance		Speech	6/ 6/95	$ 500

Name The Honorable Samuel Robert Johnson **Page** of

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self directed, name the institution holding the account. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT) in the optional column on the far left. For further information, see Instructions, pages 14-20.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S) or exchanged(E) in reporting year
SP Mega Corp. Stock DC *Examples* SP 123 Main St., Dover, DE JT 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT SRJ Designs, Inc. (book)	None - $1,000	royalties	$5,001 - $15,000	NA
JT SRJ Designs, Inc. (property)	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
JT Cong. Federal Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	NA
JT Plano Bank and Trust	$1,001 - $15,000	Interest	$201 - $1,000	NA
JT Sentinel Emerging Growth	None - $1,000	Dividends	None - $200	NA
JT SRJ Designs, Inc. (stock)	None - $1,000	Capital Gains	$201 - $1,000	S

Name The Honorable Samuel Robert Johnson | **Page** _ _ of

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Real Estate	Sold	05/31/95	$50,001 - $100,000

Name The Honorable Samuel Robert Johnson | **Page** of

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26

Exclude. Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Board of Regents	Smithsonian Institution
Board Member	Dedman School at Southern Methodist University
President	SRJ Designs

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

⑨

HAND DELIVERED
RECEIVED
96 MAY 15 AM 11:32
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
(Office Use Only)

Timothy P. Johnson
(Full Name)

2438 Rayburn HOB
Washington DC 20515
(Mailing Address)

202-225-2801
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: SD District: AL	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
May 14 96

Name Tim P Johnson | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Spouse - Fairfax Co. (VA.) Public Schools, Springfield, VA.	Sp's Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Tim Johnson

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Tim P Johnson

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
Examples:	123 Main St., Dover, Del							X						X											X				
Examples:	1st Bank of Paducah, KY accounts					X									X							X							
JT	102 N Plum Vermillion SD				X									Y									X						
–	716 E NATL "		X											X								X							
JT	1st NATL BANK "		X												Y				Y										
–	1st UNION BANK Alex VA.		Y												Y					X									
–	Apple Fed C.U. "		Y												Y				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tim P Johnson

Page 5 of 9

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250 001 – $500 000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1 001 - $2 500	IV $2,501 - $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	MBNA America Alex Va.		X												X						X								
〃	Fidelity - Spartan M.F.		X												X					X									
〃	Janus M.F.		X												X					X									
〃	1st Union M.F.		X												X					X									
〃	Parnassus M.F.		X												X				X										
〃	Cong Fed C.U. Wash. DC	X													X				X										
〃	Janus Ent. Fund		X												X				X										
〃	Fidelity Growth Fund		X												X					X									

This page may be copied if more space is required.

Name Tim P Johnson | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–95		X								
	None														

This page may be copied if more space is required.

Name Tim P Johnson Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	1st Home Trust S&L Vermillion SD	Mtg. on 102 N Plum & 716 E. Nat'l Vermillion, SD		✓								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Tim P Johnson | Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

This page may be copied if more space is required.

Name Tim P Johnson Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Bd Member	Univ. So. Dak Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 16 AM 9:13
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(6)

MC
(Office Use Only)

WALTER BEAMAN JONES, JR.
(Full Name)

214 Cannon House Office Building
Washington, DC 20515
(Mailing Address)

Daytime Telephone (202) 225-3415

Filer Status: ☒ Member of the U S House of Representatives State No. Carolina District 3rd ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III Did you your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐ No ☒
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SIGNATURE OF REPORTING INDIVIDUAL Walter B. Jones, Jr.

DATE (Month/Day/Year) May 15, 1996

Name Walter Beaman Jones	**Page** 1 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	United Life Insurance	Services rendered prior to becoming Member of Congress	$8,017.66
	Alex Hamilton	Services rendered prior to becoming Member of Congress	88.80

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Walter Beaman Jones

Page 2 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Bradford Money Fund		X										X						X										
	Centura Bank	X											X						X										
	Delaware Group Treasury Reserves Intermediate		X										X						X										
	Ford Motor Company		X										X						X										
	Investors Title Company		X										X						X										
	Merck & Company		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Walter Beaman Jones

Page 3 of 5

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Monk Austin		X										X						X										
	Nations Bank		X										X						X										
	United Carolina Bank			X									X						X										
	Silver		X													X			X										
	Sara Lee		X										X							X									
	Nucor		X										X							X									
	Philip Morris		X										X							X									

This page may be copied if more space is required.

Name Walter Beaman Jones

Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.				X						
JT	First Union National Bank, Farmville, NC	Personal		X								
	East Carolina Bank, Greenville, NC	Business	X									
	Home Savings Bank, Washington, NC	Mortgage			X							
	Centura Bank, Rocky Mount, NC	Mortgage				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Walter Beaman Jones	Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Eastern Carolina Vocational Center, Inc. (Little Willie Program
Board of Directors	North Carolina Taxpayers Union
Board of Directors	Pitt County Substance Abuse Commission

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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6

Paul E. Kanjorski
(Full Name)

103 South Hanover Street
Nanticoke, PA 18634
(Mailing Address)

Daytime Telephone (202) 225-6511

Filer Status	☒ Member of the U S House of Representatives State PA District 11	☐ Officer or Employee Employing Office	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Paul E. Kanjorski

DATE (Month/Day/Year) 5/15/96

Name Paul E. Kanjorski

Page 2 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Institute of International Bankers	Speech	3/29/95	$1000
	National Grocers Association	Speech	6/13/95	$1000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Paul E. Kanjorski

Page 3 of 6

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**											BLOCK C **Type of Income**						BLOCK D **Amount of Income**										BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											If other than one of the listed categories, specify the type of income by writing a brief description in this block						For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income										Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP,	*Examples* SP Mega Corp. Stock				X								X							X									P
DC,	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Mellon Bank, Wilkes-Barre, PA	X													X				X										
	Cong. Fed. Credit Union, DC		X												X				X										
	Law office movable assets		X																X										
	real property - 20+ acres ½ interest, Dallas Twp., PA (Luzerne County)						X												X										
	real property - 90+ acres 1/5 interest, Wright Twp., PA (Luzerne County)						X												X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul E. Kanjorski

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
JT	IRA Equitable Life		X																X										
JT	IRA Prudential Bache Securities Am. Capital Govt. Fund			X															X										
	1/10 interest, father's estate			X															X										
	1/5 interest, mother's estate *partial cash distribution of estate			X																			X						
	1/2 interest, 126 S. Franklin St Wilkes-Barre, PA					X													X										
S	wife holds ¼ interest in her mother's estate				X														X										

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Name Paul E. Kanjorski | Page 5 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash. D.C. - Chicago - Wash. D.C.	N	N	N	N
Roycroft Corporation	Aug 6-13	Wash., D.C. - Los Angeles - Cleveland	Y	Y	Y	4 Days
National Council for Urban Economic Development	4/21-26	Wash., DC - Dallas, TX - Wash., DC	Y	Y	Y	

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Name Paul E. Kanjorski **Page** 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Wilkes University, Wilkes-Barre, PA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

PAUL E. KANJORSKI
11TH DISTRICT, PENNSYLVANIA

COMMITTEE ON BANKING AND
FINANCIAL SERVICES

RANKING MEMBER
SUBCOMMITTEE ON CAPITAL MARKETS, SECURITIES
AND GOVERNMENT SPONSORED ENTERPRISES

COMMITTEE ON GOVERNMENT REFORM
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Congreſs of the United States
Washington, DC 20515-3811

June 5, 1996

[illegible]

①
✓
MC

The Honorable Robin H. Carle
The Clerk of the House
H-154, the Capitol
Washington, DC 20515

Dear Ms. Carle:

The purpose of this letter is to clarify an item on my 1995 Financial Disclosure Statement.

On Schedule VII, I reported that I accepted travel expenses to participate in a conference held by the National Council for Urban Economic Development (CUED) in Dallas, Texas. Because I spent one day in Pittsburgh upon my return to Washington from Dallas, Texas, my travel dates may be confusing. I am writing to confirm that CUED paid my travel expenses for no more than the maximum four days allowed under the rules of the House.

So that it is clear what my travel itinerary was: I left Washington on Friday, April 21, 1995 at 5:55 p.m. on a USAIR flight to Dallas, with a connecting USAIR flight in Pittsburgh. I left Dallas on Tuesday, April 25, 1995 at 11:45 a.m. on a USAIR flight to Pittsburgh. On Wednesday, April 26 I participated in two speeches in Pittsburgh to two different groups, including the University of Pittsburgh. The University of Pittsburgh paid for my night's lodging in Pittsburgh on Tuesday, April 25, but because the expense was less than $250, I did not include it on my financial disclosure report. I returned to Washington on Wednesday, April 26 at 9:23 p.m.

I hope that this information helps to clarify the issue. Please do not hesitate to contact me if I can provide any further information.

Sincerely,

Paul E. Kanjorski

Paul E. Kanjorski
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 5:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

HAND DELIVERED

MC (Office Use Only)

Marcia (Marcy) C. Kaptur (Full Name)

234 N. Summit Street, Rm. 719 (Mailing Address) (419)259-7500 (Daytime Telephone)

Toledo, OH 43604

Filer Status ☒ Member of the U S House of Representatives State Ohio District 9th ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Marcia (Marcy) C. Kaptur

DATE (Month/Day/Year) 5/15/96

Name Marcia (Marcy) Kaptur
Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Congressional Quarterly Books, Inc.	Research for book advance	$1,449.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Marcia (Marcy) Kaptur

Page 3 **of** 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source		Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
NONE				

This page may be copied if more space is required.

Name Marcia (Marcy) Kaptur

Page 4 of 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A – Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B – Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C – Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D – Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E – Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
Examples	123 Main St., Dover, Del.							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	Standard Federal Bank		x												x						x								
	Little Flower Credit Union		x												x					x									
	Society Bank		x												x				x										
	Charter One Bank, N.A.			x											x							x							
	U.S. Savings Bonds				x										x				x**										
	Transamerica (IRA)			x											x				x**										

**NO CASH RECEIVED; INCOME DIVERTED BACK TO ASSET

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Marcia (Marcy) Kaptur

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	1854 Harlan Road, Toledo			x										x					x										
***	Congressional Fed'l Credit Union			x											x					x									

***Funds are accrued in this separate account from Congressional pay (raise) and distributed to charitable causes annually.

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SCHEDULE IV — TRANSACTIONS

Name Marcia (Marcy) Kaptur | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO.DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	NONE														

This page may be copied if more space is required.

Name Marcia (Marcy) Kaptur

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1 000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				x						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Marcia (Marcy) Kaptur	Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Fair Trade Campaign (for speech)	7/29-7/29	Wash.,DC-Milwaukee-Toledo	N	N	N	N
	Middlesex County Democratic Party (for speech)	8/30-8/31	Toledo-Newark-Toledo	Y	Y	N	N
	AFSCME Ohio (for speech)	9/15-9/16	Wash.,DC-Cincinnati-Toledo	Y	Y	N	N
	Int'l Brotherhood of Carpenters (for speech)	9/24-9/27	Toledo-LasVegas-Tucson-Wash., DC	Y	Y	N	N

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Name Marcia (Marcy) Kaptur	**Page** 9 **of** 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

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96 MAY 14 PM 3:36

OFFICE OF THE CLERK [illegible]

HAND DELIVERED

MC

(Office Use Only)

⑥

John R. Kasich
(Full Name)

63 North West Street
(Mailing Address)

614-523-2555
Daytime Telephone

Westerville, Ohio 43081

Filer Status ☒ Member of the U S House of Representatives State Ohio District 12th ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned' income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 12, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John R. Kasich

Page 2 of ___

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
Examples	123 Main St., Dover, Del							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	BankOne, Columbus, Ohio		X												X				X										
	Wright Patman Credit Union		X												X				X										
	Wright Patman Credit Union		X												X				X										
	Northwestern Mutual Variable Annuity				X								X										X						
	Northwestern Mutual Variable Annuity		X										X								X								
	Northwestern Mutual Variable IRA				X								X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John R. Kasich

Page 3 of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100 000	$100,001 – $250 000	$250 001 – $500 000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001– $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	Putnam U.S. Government Securities					x							x											x					
	First Capital Insured		x										x						x										
	Alliance Insured Account			x									x						x										
	Washington Mutual Investors Fund					x							x												x				
	Medex Inc., Ohio		x										x						x										
	VKM Prime Rate Trust			x									x									x							
	J & R Partnership				x											x			x										
	Investment Company of America		x										x									x							

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name John R. Kasich

Page 4 of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	Northwestern Mutual Variable Annuity	x			payments per month	x									
	Northwestern Mutual Variable Annuity	x			payments per month	x									
	Northwestern Mutual IRA				payments per month	x									

This page may be copied if more space is required.

Name John R. Kasich

Page 5 of ___

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Truck Dealers of the National Automobile Dealers Assoc		April 9	Columbus, OH to Baltimore, MD (roundtrip)	N	N	N	N
Allied Signal, Inc. (airfare)		May 11 - May 12	Washington, D.C. to Newport News, VA (roundtrip)	N	N	N	N
Business Council (room)		May 11 - May 12	same	Y	Y	N	N
Idaho Association of Commerce Industry		June 8 - June 11	Washington, D.C. to Sun Valley, ID (roundtrip)	Y	Y	N	Y
Youngstown State University Alumni Association and BancOne		June 19	Washington, D.C. to Youngstown, OH (roundtrip)	N	Y	N	N
PIE Mutual Insurance Company		June 23	Columbus, OH to Cleveland, OH (roundtrip)	N	Y	N	N
Eli Lilly and Company and Republican Governor's Assoc.		July 30 - July 31	Columbus, OH to Burlington VT (roundtrip)	Y	Y	N	N
Robert F. Kennedy Memorial Golf Tournament		October 13 October 15	Washington, D.C. to Boston MA to Columbus, OH	N	Y	N	Y
Glaxo, Inc. and Nevada Republica Party/Western States Republican Leadership Conference		October 20 October 21	Washington, D.C. to Las Vegas, NV to Columbus, OH	Y	Y	N	N

This page may be copied if more space is required.

Name John R. Kasich	Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Directors	Concord Counseling, Columbus, Ohio

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 2:25
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

⑨

MC HAND DELIVERED
(Office Use Only)

Sue W. Kelly
(Full Name)

197 Jay St.
Katonah, NY 10536
(Mailing Address)

(202) 225-5441
Daytime Telephone

Filer Status	☑ Member of the U S House of Representatives State NY District 19	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Sue Kelly

DATE (Month/Day/Year) 5/14/96

Name Sue W. Kelly

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	William A. Kelly & Co., Inc.	Spouse	31200
	87 Bedford Road Corp	Spouse	7000
	Construction Industry Foundation	Spouse Fee	1000

For payments to charity in lieu of honoraria, use Schedule II.

Name Sue W. Kelly

Page 3 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Mobil Oil Stock			X																									
	Niagara Mohawk		X																										
	Pacificorp		X																										
	Public Service Electric		X																										
	State Street Boston			X																									
	Texaco		X																										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sue W. Kelly

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	The Reserve Fund			X											X						X								
SP	Equity in W.A. Kelly & Co					X							X						X										
SP	Equity in W.A. Kelly Lease					X							X						X										
SP	Health Care Properties - Yonkers				X								X						X										
SP	Point Assoc. - Peekskill				X								X						X										
SP	Point Marina - Peekskill	X											X						X										
SP	North Salem Center				X											X			X										
SP	Quail Ridge Farm, North Salem					X										X			X										
SP	The Orchards Farm, Millbrook				X											X			X										
	101 North Moger						X							X										X					
	36 Anderson Rd, Katonah					X								X									X						
	Cove Rd, Waccabuc					X								X									X						
	Black Rock Income Trust - Stock		X										X								X								
	American Elec. Power Co. Stock			X									X								X								
	AT&T Stock			X									X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sue W. Kelly

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Bank America Stock			X									X							X									
	British Petroleum Stock			X									X							X									
	Coastal Corp Stock		X										X						X										
	Consolidated Nat Gas Stock	X											X						X										
	Fluor Corp Stock			X									X						X										
	Huntington Bankshares Stock			X									X						X										
	Hyperion Total Return Stock			X									X								X								
	Jacobs. Stock		X										X						X										
	Kimberly Clark Stock				X								X								X								
SP	Pelham Company, Inc			X												X			X										
SP	River Hill						X							X											X				
SP	Country Bank Stock		X													X			X										
SP	Brean Murray Foster Securities		X										X							X									
SP	87 Bedford Road Corp				X									X									X						
SP	105 Bedford Road						X							X										X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sue W. Kelly

Page 6 of 9

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
SP	Croton River Ind. Park								X					X									X						
SP	9 Waterview Ct, Waccabuc			X										X						X									
SP	IRA - Brean Murray Foster Sec.						X						X						X										
SP	KED Realty, Katonah					X								X							X								
	Misc. Life Insurance				X											X			X										
SP	McDonalds Stock				X								X							X									
SP	County Bank Acct.		X												X				X										
SP	Nat West Bank Accts			X											X					X									
	County Bank Acct.		X												X					X									
	Bank of New York Accts.		X												X					X									
	Cong. Fed. Credit Union		X												X					X									

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Name Sue W. Kelly

Page 7 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
SP	Terra Alma Farm, Clinton Corners		X		Jan 1995				X						

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Name Sue W. Kelly

Page 8 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5 000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
SP	Fleet Bank	Mortg. on Croton Av. Del. Park							X			
JT	Nat West	Mortg on 187 Jay St.						X				
SP	State Union [redacted] Bank	Mortg. on 87 Bedford Rd					X					
SP	Loan from Individuals	Loans secured by interests										
		in Orchards, Point Assoc., Beach Ridge and Health Care Properties							X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Sue W. Kelly

Page 9 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AIPAC	8/15 - 8/22	nyc to Israel Israel to nyc	Y	Y	Y	no
	Aspen Institute	4/17 - 4/25	nyc to St Croix St. Croix to nyc	Y	Y	Y	3 days

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SUE W KELLY
19TH DISTRICT NEW YORK

COMMITTEE ON
TRANSPORTATION AND INFRASTRUCTURE
VICE CHAIR SUBCOMMITTEE ON RAILROADS
SUBCOMMITTEE ON AVIATION

COMMITTEE ON SMALL BUSINESS
SUBCOMMITTEE ON GOVERNMENT PROGRAMS
SUBCOMMITTEE ON REGULATION
AND PAPERWORK

COMMITTEE ON BANKING AND
FINANCIAL SERVICES
SUBCOMMITTEE ON DOMESTIC AND
INTERNATIONAL MONETARY POLICY
SUBCOMMITTEE ON CAPITOL MARKETS
SECURITIES AND GOVERNMENT
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ASSISTANT MAJORITY WHIP

Congreſs of the United States
House of Representatives
Washington, DC 20515–3219

PLEASE REPLY TO
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WASHINGTON DC 20515
(202) 225–5441

☐ 21 OLD MAIN STREET ROOM #205
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MT KISCO NEW YORK 10549
(914) 241–6340

HAND DELIVERED

①

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 31 PM 2:39
OFFICE OF THE CLERK

May 30, 1996

Office of the Clerk
1036 Longworth
House of Representatives
Washington, DC 20515

✓
MC

Re: 1995 Financial Disclosure Statement

It has come to my attention that certain information was inadvertently omitted from my 1995 Financial Disclosure Statement:

Schedule III--Assets and "Unearned" Income

Page 3 of 9

Block C: all income from Dividends
Block D: all income in category II

Schedule V--Liabilities

Page 8 of 9

Loans from individuals (SP):

Secured by Point Associates, Health Care Properties, and The Orchards Farm: Eugene Colley of N. Salem, NY, category G
Richard McCoy of Boston, MA, category G

Secured by Quail Ridge Farm: Donald Tober of New York, NY, category E

Thank you for your attention to this matter.

Sincerely,

Sue Kelly

Sue W. Kelly
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 4:38
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(8)

HAND DELIVERED

MC
(Office Use Only)

Joseph P Kennedy II
(Full Name)

73 Bigelow Street
Brighton, MA 02135
(Mailing Address)

Daytime Telephone: (202) 225-5111

Filer Status	☒ Member of the U S House of Representatives	State: MA District: 08	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☒	No ☐
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)

Name Joseph P Kennedy II | **Page** 2 _ **of** 8

SCHEDULE I -- EARNED INCOME

List the source type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1 000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10 000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1 000
	Ontario County Board of Education	Spouse Salary	NA
	U S House of Representatives, Washington, D C	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Joseph P Kennedy II | **Page** 3 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples*				
	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Fleet Bank Accounts, Boston, MA	$1,001 - $15,000	Interest	$201 - $1,000	
	Congressional Federal Credit Union Bank Accounts, Washington, D C	$15,001 - $50,000	Interest	$201 - $1,000	
	Merrill Lynch Retirement Reserves & Balanced Funds, Stamford, CT (IRA's)	$50,001 - $100,000	Dividends, Interest & Capital Gains	$2,501 - $5,000	P
	January 27, 1926 Trust, Joseph P Kennedy Grantor, FBO Robert F Kennedy, NY, NY		Excepted Trust	None	
	August 31, 1959 Trust, Robert F Kennedy Grantor, FBO Joseph P Kennedy II, NY, NY		Excepted Trust	$15,001 - $50,000	
	August 31, 1959 Trust, Robert F Kennedy Grantor, FBO David A Kennedy, NY, NY		Excepted Trust	$1,001 - $2,500	

Name Joseph P. Kennedy II | **Page** 4 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Joseph P Kennedy II Blind Trust dated June 16, 1987, Washington, D C		Qualified Blind Trust	$5,001 - $15,000	
	Angerman Gas Venture - 1981 (a ltd partnership holding oil and gas properties), Pittsburgh, PA *	None	Oil and Gas	$1,001 - $2,500	S
	L F Rothschild Venture Capital Fund (ltd partnership), Menlo Park, CA - Overall Value **	None	Partnership income	$201 - $1,000	S
	None of the underlying assets of the ltd partnership reflecting an 18% interest exceed $1,000				
	- Cadre Technologies Beaverton, OR (Disclosed in 1993 Below reporting threshold in 1994 and 1995)				
	Mentor Graphics Corp , Beaverton, OR	None	Capital Gains	$201 - $1,000	S
	Interest in the estates of Robert F Kennedy and David A Kennedy, as yet undistributed	$50,001 - $100,000	None	None	
	Beneficial interest in land trust whose sole asset is unimproved land in Marshfield, MA	$100,001 - $250,000	None	None	
	Promissory Note - Diane Simon, Montecito, CA (balance due on sale of partial interest in land trust referred to in the immediately preceding item)	$50,001 - $100,000	Interest	$5,001 - $15,000	

* Partnership dissolved in 1995.

** Partnership dissolved in 1995. Remaining assets transferred to L.F. Rothschild Liquidating Trust. Value below reporting threshold.

Name Joseph P. Kennedy II

Page 5 **of** 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 $50,000
	Merrill Lynch Retirement Reserve & Balanced Funds Monthly dividend reinvestment	Purchase	Monthly during 1995	$1,001 - $15,000
	Angerman Gas Venture - 1981 Pittsburgh, PA	Sold	03/31/95	$1,001 $15,000
	L. F. Rothschild Venture Capital Fund, Menlo Park, CA	Sold	Throughout year	$1,001 $15,000
	Mentor Graphics Corp., Beaverton, OR	Sold	09/05/95	$1,001 $15,000

Name Joseph P Kennedy II | **Page** 6 **of** 8

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	CBS This Morning	Oct 22	Miami - New York - Boston *	Y	N	Y	0 days

* CBS paid for New York - Boston portion only plus overnight lodging for filer, spouse and staff person.

Name Joseph P Kennedy II

Page 7 **of** 8

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization or any educational or other institution other than the United States For further information, see Instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Honorary Chairman	Citizens Energy Corp
Honorary Chairman	National Children's Day Foundation, Inc
Chairman, Vice President	The Canadian Robert F Kennedy Memorial
Member, Board of Directors	The Flax Trust - America
Limited Partner (Transferee)	Angerman Gas Venture - 1981
Limited Partner (Transferee)	L F Rothschild Venture Capital Fund

Joseph P. Kennedy II
1995 Financial Disclosure Statement

ADDITIONAL INFORMATION

Direct and beneficial interests of my children have not been reported herein since neither of them lives with me or is my dependent within the meaning of Sec. 152 of the Internal Revenue Code.

In addition to the beneficial interests in the excepted trusts and qualified blind trust disclosed above, I have beneficial interests in the excepted trusts listed below. No income was received from these trusts during 1995.

Trust under the will of George Skakel
Trust under the will of Ann Skakel

AMENDMENT FOR CALENDAR YEAR 1995

Name Joseph P Kennedy II Joe Kennedy

Page 6 of 8

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25

✓ MC

	Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	CBS This Morning	Oct 22	Miami - New York - Boston *	Y	N	Y	0 days

* CBS paid for New York - Boston portion only plus overnight lodging for filer and spouse.

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UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995**	Form A For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

Patrick J. Kennedy
(Full Name)

89 Ravenswood Avenue
Providence. RI 02908
(Mailing Address)

Daytime Telephone: (202) 225-4911

mc HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives — State: RI District: 01	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☒ No ☐
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL Patrick J Kennedy

DATE (Month/Day/Year) 5/15/96

Name Patrick J. Kennedy

Page 2 **of** 6

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e. speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	Emory University, Atlanta, GA	Speech	10/23/95	$ 2,000

Name Patrick J Kennedy | **Page** 3 **of** 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

		BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP,	*Examples.*	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC,	SP	123 Main St , Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT		1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
		Citizens Trust Company Accounts, Providence, RI	$1,001 - $15,000	Interest	$1 - $200	
		Friends of Patrick J Kennedy - Loan Receivable (RI State Rep)	$100,001 - $250,000	Interest	None	
		The Friends of Patrick Kennedy Committee - Loan Receivable (US Congress)	$100,001 - $250,000	Interest	None	
		March 4, 1953 Trust, Rose F. Kennedy, Grantor, FBO Edward M Kennedy, New York, NY		Excepted Trust	$2,501 - $5,000	
		August 31, 1959 Trust, Edward M Kennedy, Grantor, FBO Patrick J Kennedy, New York, NY		Excepted Trust	$15,001 - $50,000	
		Arctic Royalty Limited Partnership (a limited partnership owning oil and gas royalty interests) New York, NY	$50,001 - $100,000	Partnership Income	$15,001 - $50,000	

Name Patrick J Kennedy | Page 4 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

US Dept of Treasury, Income Tax Refund		Interest	$1,001 - $2,500	

Name Patrick J. Kennedy **Page** 5 **of** 6

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	John V Tunney, Malibu, CA	Promissory Note	$50,001 - $100,000
	Alliance Finance Corporation of Rhode Island	Promissory Note	$15,001 - $50,000
	Citizens Trust Company, Providence, RI	Promissory Note	$50,001 - $100,000
	American Express Company, New York, NY	Credit Card	$15,001 - $50,000
	Citibank Visa, Sioux Falls, SD	Revolving Charge Account	$15,001 - $50,000

Name Patrick J Kennedy | **Page** 6 of 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Member, Board of Directors	Battleship Massachusetts
Corporate Member	Bradley Hospital
Member, Board of Directors	March of Dimes - Rhode Island
Member, Board of Directors	Mental Health Association of Rhode Island
Member, Board of Directors	The Rhode Island Coalition for Excellence
Member, Advisory Board	Rhode Island Special Olympics
Member, Advisory Board	Council for Independent Living
Associate Trustee	Joseph P. Kennedy, Jr Foundation
Limited Partner	Arctic Royalty Limited Partnership

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995	FORM A For use by Members, officers, and employees

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BARBARA BAILEY KENNELLY
(Full Name)

95 SCARBOROUGH STREET
HARTFORD, CONNECTICUT 06115
(Mailing Address)

(203) 523-1116
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: CONNECTICUT District: 1ST	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Barbara B. Kennelly

DATE (Month/Day/Year) May 15, 1996

BARBARA BAILEY KENNELLY
Name

Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Rome, McGuigan, Hoberman, Sabanosh & Klebanoff Rome, Frankel & Kennelly	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

BARBARA BAILEY KENNELLY
Name

Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Organization Management, Inc., Washington, D.C.	Speech	March 3, 1995	$2,000

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BARBARA BAILEY KENNELLY
Name

Page 4 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	John Moran, Inc. (Beachhouse) 144 Middle Beach Rd., Madison, CT					X													X										
	South Street Associates (3 1/3 Share) 502 South Street, Bristol, CT (In Probate)			X															X										
	RCK&K Realty (22% Share) 693 Bloomfield Ave., Bloomfield, CT (In Probate)	X																	X										
	RCK&K, P.C., Pension Plan					X							X		X				X										
	Fleet Bank: Checking Account, U.S. Treasury Notes & Bonds (In Probate)				X										X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BARBARA BAILEY KENNELLY
Name

Page 5 of 7

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 - $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None - $200	$201 – $1,000	$1,001 - $2,500	$2,501 – $5,000	$5,001 - $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	Bank Of Boston: Checking Account		X												X				X										
	Phoenix Home Life, TransAmerica, Bankers Security Life (Insurance Policy)					X									X						X								

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BARBARA BAILEY KENNELLY
Name

Page 6 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	U.S. Treasury Notes	X			1/24/95		X								
	U.S. Treasury Bonds	X			2/3/95		X								

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BARBARA BAILEY KENNELLY
Name

Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	The Center For Democracy

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22–642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

DALE EDWARD KILDEE
(Full Name)

516 KENSINGTON AVENUE
FLINT, MI 48503
(Mailing Address)

Daytime Telephone (202) 225-3611

Filer Status	☒ Member of the U S House of Representatives — State Michigan, District 9th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C app 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Dale E Kildee

DATE (Month/Day/Year) May 15, 1996

Name DALE EDWARD KILDEE Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	WEICHERT, REALTORS	SPOUSE COMMISSIONS	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name DALE EDWARD KILDEE **Page** 3 **of** 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500

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Name DALE EDWARD KILDEE

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

		BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	P, S, E
SP	*Examples* SP Mega Corp Stock				X								X							X									P
DC	123 Main St Dover De							X						X											X				
JT	1st Bank of Paducah KY accounts					X									X							X							
JT	FIRST UNION BANK OF VIRGINIA		X												X				X										
JT	CONGRESSIONAL FEDERAL CREDIT UNION		X												X					X									
	IRA CONGRESSIONAL FEDERAL CREDIT U	X													X				NA										S
SP	IRA CONGRESSIONAL FEDERAL C U		X												NA				NA										
SP	SEP FIRST UNION BANK OF VIRGINIA		X												NA				NA										
	MICHIGAN LEGISLATIVE RETIREMENT *					X									NA				NA										

* VESTED, NOT RECEIVING

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DALE EDWARD KILDEE

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
	U.S. SAVINGS BONDS	X													X						X								S
JT	CITIZENS BANK, FLINT, MI	X													X				X										

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SCHEDULE IV — TRANSACTIONS

Name DALE EDWARD KILDEE

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP DC JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	U.S. SAVINGS BONDS		X		5-11-95	X									
	IRA CONGRESSIONAL FEDERAL CREDIT UNION		X		9-11-95	X									

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Name DALE EDWARD KILDEE

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	CITIZENS COMMERCIAL & SAVINGS BANK		Co-Signature Commerical Loan Congressman Kildee Committee (Paid in Full - 6/30/95)		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name DALE EDWARD KILDEE | Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nat'l Indian Gaming Association and	Aug. 20-21	Wash.,DC-Milwaukee,WI-Wash. DC	N	N	N	N
	Saginaw Chippewa Tribe	Aug. 20-21		Y	Y	N	N

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Name DALE EDWARD KILDEE	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-1-77	STATE OF MICHIGAN AND SELF	LIFE AND HEALTH INSURANCE

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

⑧ LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 12: 12

HAND DELIVERED

MC

(Office Use Only)

Jay Kim
(Full Name)

2210 Rusty Pump Rd., Diamond Bar, CA 91765
(Mailing Address)

(202) 225-3201
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives State California District 41 ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Jay Kim

DATE (Month/Day/Year) May 15. 1996

Name Jay KIM

Page 1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Image International (partnership)	Spouse Income	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Jay KIM

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**		BLOCK B **Value of Asset**											BLOCK C **Type of Income**						BLOCK D **Amount of Income**										BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20		at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											If other than one of the listed categories, specify the type of income by writing a brief description in this block						For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, *Examples:*	SP Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Rental Property 8865 Balboa Ave San Diego, CA						X							X									X (gross)						
JT	Rental Property 750 State St. San Diego, CA				X									X					X						(gross)				
JT	Rental Property 1091 Pinehurst Palm Desert CA			X										X					X										
JT	Rental Property: 1300 S. Valley Vista Diamond Bar, CA								X					X												X (gross)			

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name Jay KIM

Page 3 **of** 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
SP	Dean Witter Reynolds (IRA) (Edison Int'l. Utility Bonds)		X												X				X										
SP	Union Bank (IRA) (CDs)			X											X				X										
SP	Merrill Lynch (IRA)					X	(total)								X				X										
	--Merrill Lynch Retirement Reserve Money Market Fund			(x)																									
	--US Treasury Notes			(x)																									
	--Fed. Insured CDs			(x)																									
JT	JayKim Engineers (installment payment from sale of company)								X							X							X						
JT	Jay Kim for Congress Ctte.						X												X										
SP	Great Western Savings Acc't. (savings cert. of deposit)		X												X				X										
SP	HAN, Dut Publishing Co., Seoul, Korea (book publishing royalties)	Indefinite																						X					

This page may be copied if more space is required.

Name Jay KIM | Page 4 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	The Money Store, Sacramento, CA	Mortgage 8865 Balboa San Diego, CA				X						
JT	Coast Federal Bank, Burbank, CA	Mortgage 750 State St. San Diego, CA			X							
JT	Bank of California	Mortgage 1300 S.Valley Vista Diamond Bar, CA							X			
	California Korea Bank	Line of Credit			X							
	Jerry Yhee, Fullerton, CA	Personal Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Jay KIM | Page 5 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Asian-American/Pacific Is.	June 24-	Ontario, CA--	Y	Y	Y	N
Health Care Professionals	25	San Francisco--Ontario				
Academy of Korean Studies	Aug.7-18	Los Angeles,CA--Tokyo,	Y	Y	Y	3 Days*
		Japan--Seoul, Korea--				*per FGDA
		Los Angeles, CA				disclosure (9/8/95)

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Name Jay KIM	**Page** 6 **of** 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Mbr. Board of Directors	Congressional Asian Pacific American Caucus Institute
	(non-compensatory)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

SCHEDULE V -- LIABILITIES (continued from pg. 4)

CREDITOR	TYPE OF LIABILITY	AMOUNT
Jaycee Kim, Encino, CA	Personal Loan	"C" ($15,001-50,000)
David Chang, New York, NY	Personal Loan	"B" ($10,001-15,000)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

④
RECEIVED
LEGISLATIVE RESOURCE CENT
96 MAY 10 PM 3:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVE
INSIDE MAIL
(Office Use Only)

Peter T. King
(Full Name)

1442 Roth Road
Seaford, NY 11783
(Mailing Address)

(202) 225-7896
Daytime Telephone

MC

Filer Status	☒ Member of the U S House of Representatives — State: ____ District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☐ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
5/8/96

Name PETER T. KING

Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Monte Scott Leeper, Architect	Spouse Salary	NA
	Nassau County, New York	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name PETER T. KING

Page 3 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Chemical Bank, Seaford, NY		X																										

For additional assets and unearned income, use next page.

Name PETER T. KING

Page 4 of 4

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

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	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash. D.C.—Chicago—Wash. D.C.	N	N	N	N
	Roycroft Corporation	Aug 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Chinese Nat'l Assn of Industry & Commerce	Aug 21-27	NY, NY - Taipei, Taiwan - NY, NY	Y	Y	Y	N

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LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 4:55 ⑦
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

John Heddens Kingston
(Full Name)

207 Fiddlers Bend
(Mailing Address)

Savannah GA 31406

Daytime Telephone
202/225-5831

MC (Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U S House of Representatives	State GA District 01	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒		VI Did you, your spouse or a dependent child receive any reportable gift in the reporting period (i e aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐		VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1 000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐		VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒		IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒ No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL
Jack Kingston

DATE (Month/Day/Year)
5-15-96

Name John Hedders Kingston

96 MAY 15 PM 4:55

Page 2 of 7

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
The Tobacco Institute	Speech	2/ 8/95	$ 2,000
Received by Christian Embassy on approximately 4/7/95			$
Dr. Kaufmann	Speech	8/ 5/09	$

Name John Heddens Kingston | **Page** 3 of 67

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP,	Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC, *Examples* SP	123 Main St., Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Palmer & Cay/Carswell Stock	$100,001 - $250,000	Dividends	$201 - $1,000	
	Courtland Reserves MMA	$1,001 - $15,000	Interest	$201 - $1,000	
	Savh Foods & Ind. Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	111 Jacqueline Dr/Savh, GA	$50,001 - $100,000	Rent	$5,001 - $15,000	
	5 Island Dr/Savh, GA	$50,001 - $100,000	Rent	$5,001 - $15,000	
	8424 Ferguson Ave/Savh GA	$15,001 - $50,000	Rent	$1,001 - $2,500	
	108 18th St/Tybee Isl, GA	$50,001 - $100,000	Rent	$201 - $1,000	
	American Captiol Venture IRA	$15,001 - $50,000	Interest	NA	
	American Capitol Venture IRA	$15,001 - $50,000	Interest	NA	

Name John Heddens Kingston | Page 4 of 67

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Roswell GA G/O Dtd 6/1/88	$15 001 - $50 000	Interest	$201 - $1,000	
Gwinnett Cty GA Schl District	$15 001 - $50,000	Interest	$201 - $1 000	
Putnam Municipal Stocks	$1 001 - $15,000	Interest	$201 - $1,000	
Cats Series S Zero Coupon Govt Bond Corporate Bonds	$1 001 - $15 000	Interest	$201 - $1 000	
Strips-TINT Govt Securities	$1,001 - $15 000	Interest	$201 - $1 000	
Europe Fund Inc-Stock Fund Merrill Lynch	$1,001 $15 000	Dividends	$201 - $1 000	
CATS Zero Coupon Bonds (M Lynch	$1 001 - $15,000	Interest	$201 - $1,000	
Global Income Fund-Bond (M Lynch)	$1,001 $15 000	Interest	$201 - $1,000	
CATS Series A Coupon (I Johnson)	$15,001 - $50 000	Interest	$201 - $1 000	
GA Develop Authority Municipal Bond/Marietta GA	$1 001 $15 000	Interest	$201 - $1 000	
STRIPS Zero Coupon Gov Bonds	$1 001 $15 000	Interest	NA	
CATS Zero Coupon Bond	$1 001 $15 000	Interest	$201 - $1 000	
TIGER Coupon Bond	$1,001 $15 000	Interest	$201 - $1 000	
Franklin Custodian Utility (Stock Mutual Fund M Lyn)	$1,001 - $15 000	Dividends	$201 - $1 000	
CATS Zero Coupon Bonds	$1 001 $15 000	Interest	NA	
State of GA Retirement Plan	$1,001 - $15 000		NA	

Name John Heddens Kingston | **Page** 5 **of** 67

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	GA Crown Distributing Co	Apr 28	Savh-Albany, GA	N	N	N	
			Albany-Savh				
	GA Hospitality & Travel Assn	Jul 6-8	Savh-Sea Island, GA	Y	Y	N	
			Sea Island-Savh				
	Palmer & Cay, Carswell	Sep 8-9	Savh-Charleston, SC	Y	Y	N	
			Charleston-Savh				
	Southern Coffee Assn	Oct 27-28	Wash DC-White Sulfer, WV	Y	Y	Y	
			White Sulfer-Savh				

Name John Heddens Kingston | **Page** 6 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child Mark the highest amount owed during the year **Exclude** Any mortgage on your personal residence (unless it is rented out) loans secured by automobiles household furniture, or appliances and liabilities owed to a spouse or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10 000 For further information see instructions, pages 21 22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	T First Bank of Wilmington, Delaware	Mortgage on 123 Main St Dover Del	$100 001 - $250,000
	Newman Hall Tennessee	Mortgage 111 Jacqueline Dr	$15,001 $50 000

Name John Heddens Kingston

Page 1 of 1

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page

Date	Parties To	Terms of Agreement
01/05/93	J Kingston & State of GA	Health Care Plan

UNITED STATES HOUSE OF REPRESENTATIVES
Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

LEGISLATIVE RESOURCE CENTER
96 JUN 11 PM 3:48

(A)
✓
MC

HAND DELIVERED
(Office Use Only)

John Heddens Kingston
(Full Name)

207 Fiddlers Bend
(Mailing Address)
Savannah GA 31406
Daytime Telephone 202-225-5831

Filer Status ☒ Member of the U.S. House of Representatives State GA District 01 ☐ Officer or Employee Employing Office

Report Type ☐ Annual (May 15) ☒ Amendment ☐ Termination Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☒ No ☐
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☒ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☒ No ☐
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? Yes ☐ No ☒
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? Yes ☒ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☒
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☒ No ☐
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

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SIGNATURE OF REPORTING INDIVIDUAL

Jack Kingston

DATE (Month/Day/Year)

6-11-96

Name John Heddens Kingston | **Page** 2 **of** 7

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

AMENDED

List the source, activity (i e , speech, appearance or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions pages 13-14

Source	Activity	Date	Amount
Examples Association of American Associations, Wash D C	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug 13 1994	$500
The Tobacco Institute	Speech	2/ 8/95	$ 2,000
Received by Christian Embassy on approximately 4/7/95			$
Dr Kaufmann/Med'l Assn of GA	Speech	8/ 5/95	$ 1 000
			$

Name John Heddens Kingston Page 4 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

AMENDED

Roswell, GA G/O Dtd 6/1/88	$15,001 - $50,000	Interest	$201 - $1,000	
Gwinnett Cty/GA Schl District	$15,001 - $50,000	Interest	$201 - $1,000	
Putnam Municipal Stocks	$1,001 - $15,000	Interest	$201 - $1,000	
Cats Series S Zero Coupon Govt Bond Corporate Bonds	$1,001 - $15,000	Interest	$201 - $1,000	
Strips-TINT Govt Securities	$1,001 - $15,000	Interest	$201 - $1,000	
Europe Fund, Inc-Stock Fund Merrill Lynch	$1,001 - $15,000	Dividends	$201 - $1,000	
CATS Zero Coupon Bonds (M Lynch	$1,001 - $15,000	Interest	$201 - $1,000	
Global Income Fund-Bond (M Lynch)	$1,001 - $15,000	Interest	$201 - $1,000	
CATS-Series A Coupon (I Johnson)	$15,001 - $50,000	Interest	$201 - $1,000	
GA Develop Authority Municipal Bond/Marietta, GA	$1,001 - $15,000	Interest	$201 - $1,000	
STRIPS Zero Coupon Gov Bonds	$1,001 - $15,000	Interest	NA	
CATS Zero Coupon Bond	$1,001 - $15,000	Interest	$201 - $1,000	
TIGER Coupon Bond	$1,001 - $15,000	Interest	$201 - $1,000	
Franklin Custodian Utility (Stock Mutual Fund-M Lyn)	$1,001 - $15,000	Dividends	$201 - $1,000	
CATS Zero Coupon Bonds	$1,001 - $15,000	Interest	NA	
State of GA Retirement Plan	$1,001 - $15,000		NA	
Palmer & Cay Carswell 401K	$100,001 - $250,000	Interest	NA	

Name John Heddens Kingston **Page** 5 **of** 7

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

AMENDED

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
GA Crown Distributing Co	Apr 28	Savh-Albany, GA	N	N	N	
		Albany-Savh				
GA Hospitality & Travel Assn	Jul 6-8	Savh-Sea Island, GA	Y	Y	Y	
		Sea Island-Savh				
Palmer & Cay, Carswell	Sep 8-9	Savh-Charleston, SC	Y	Y	Y	
		Charleston-Savh				
Southern Coffee Assn	Oct 27-28	Wash DC-White Sulfer, WV	Y	Y	Y	
		White Sulfer-Savh				
Savannah Foods	10/16	Savannah to DC	N	N	N	

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995	FORM A For use by Members, officers, and employees	RECEIVED LEGISLATIVE RESOURCE CENTER 96 MAY 17 AM 9:49 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES

Congressman Gerald D. Kleczka
(Full Name)

3268 S 9th St
Milwaukee, WI 53215
(Mailing Address)

414-297-1140
(Daytime Telephone)

MC MAY 14 1996 (19)
(Office Use Only)

Filer Status	☒ Member of the U S House of Representatives State WI District 04	☐ Officer or Employee	Employing Office.
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

Gerald D. Kleczka
SIGNATURE OF REPORTING INDIVIDUAL

5/13/96
DATE (Month/Day/Year)

Name Gerald D. Kleczka

Page 2 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	George Washington University Health Plan	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Gerald D. Kleczka

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**											BLOCK C **Type of Income**						BLOCK D **Amount of Income**										BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											If other than one of the listed categories, specify the type of income by writing a brief description in this block.						For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples.* SP Mega Corp Stock				X								X							X									P
	123 Main St , Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	3262 S 9th St, Milwaukee, WI																												
	Rental Property				X									X									X						
	WI Retirement System					NA																							
JT	Security Bank		X												X					X									
SP	Cong Fed Credit Union, DC		X												X				X										
	Cong Fed Credit Union, DC	X													X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gerald D. Kleczka

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None $1,000	B $1,001 - $15,000	C $15,001 – $50,000	D $50,001 - $100,000	E $100,001 – $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None - $200	II $201 – $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	Lincoln Savings Bank, Milwaukee		X												X				X										
SP	Krupp, Insd, Plus,LP,IRA		X										X							X									
SP	Income Fund of America, IRA		X										X							X									
	T Rowe Price Sci Tech, IRA			X									X			X				X									S
SP	TIAA CREF Retirement Acct			X											N/A					N/A									
	Security Cap Corp Stock				X								X						X										
	DeanWitter-Liquid Asset Acct		X												X					X									P
	DeanWitter-Nicholas Applegate Cap Mgmt (See attached)				X								X			X				X									P
	Dean-Witter-Retirement IRA (see attached)			X									X			X				X									P
	Harley Davidson		X													X			X										P/S
	Fidelity Emg Markets		X										X			X			X										S
	Gabelli Asset Fund		X										X			X			X										S
	Kaufmann Fund			X									X			X			X										S
	Scudder		X										X			X			X										S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gerald D. Kleczka

Page 5 of 1

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Vanguard		X										X			X			X										S
	Southtrust Corp		X										X						X										P

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Name Gerald D. Kleczka

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	Fidelity Emerging Markets		X		3/30/95	X									
	Gabelli Asset Fund		X		3/31/95	X									
	Kaufmann Fund		X		4/6/95		X								
	Scudder LA Funds		X		3/31/95	X									
	Vanguard Gold		X		3/31/95	X									
	Harley Davidson 10/7/94	X	X		4/19/95	X									
	Dean Witter-Liquid Asset	X			8/31/95	X									
	Dean Witter-Nicholas Applegate	X			4/26/95			X							
	Dean Witter-Retirement Acct IRA	X			6/20/95		X								
	T Rowe Price Sci Tech IRA		X		6/20/95		X								
	SouthTrust Corp	X			9/26/95	X									

This page may be copied if more space is required.

Name Gerald D. Kleczka

Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
JT	Lincoln Savings Bank, Milwaukee, WI	mortgage on 3262 S 9th Milwaukee, WI Rental		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

DEAN WITTER REYNOLDS INC.

1995 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

PAGE 1 OF 10

Your Account Executive
HANDO/PEAR
DEAN WITTER REYNOLDS, INC
1850 K STREET, N W., SUITE 900
WASHINGTON, DC 20006
(202) 862-9000

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE
3268 SOUTH 9TH STREET
MILWAUKEE WI 53215 4725

Account Number AE
642 119411 022

Social Security Number
389-42-0441

AAA Customer Service
1-800-869-DEAN

Asset Summary (Year End)

	Value	Percent of assets
Money Market Funds	$4,171.11	4.5%
Stocks/Options	87,545.08	95.5
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	0.00	0.0
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$91,716.19	100.0%
Cash	15.51	
Total Asset Value	$91,731.70	

Income Summary for 1995

Money Market Funds	$398.47
Stocks	615.23
Municipal Bonds	0.00
Corporate Fixed Income	0.00
Government Securities	0.00
Mutual Funds	0.00
Unit Investment Trusts	0.00
Certificates of Deposit	0.00
Other	0.00
Total Income	$1,013.70
Taxable Income	$1,013.70
Tax Exempt Income	$0.00

Activity Summary for 1995

Total Asset Value as of January 1 1995		$0.00
Summary of Activity Categories for 1995		
Income	$1,013.70	
Deposits	74,713.39	
Assets Sold	72,671.82	
Other	3,045.79	
Checking	0.00	
Visa	0.00	
Withdrawals	0.00	
Assets Bought	-146,062.38	
Changes in Asset Value for 1995		
Value of Priced Assets as of 1/1/95	$0.00	
Assets Bought	146,062.38	
Assets Received	0.00	
Assets Sold	-72,671.82	
Assets Delivered	0.00	
Change in Value of Priced Assets	14,154.52	
Value of Priced Assets as of 12/31/95	87,545.08	
Net Change in Asset Value		87,545.08
Total Asset Value as of December 31 1995		$91,731.70

The Active Assets Account provides up to $50 million in securities protection $500,000 in coverage through the Securities Investor Protection Corp., and $49.5 million through independent third party coverage purchased by Dean Witter

DEAN WITTER REYNOLDS INC.

1995 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411 AE 022

YEAR END ASSETS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	15.51	---	---
DEAN WITTER INSURED ACCOUNT	4,171.11	4.5%	212
Total Cash and Money Market Funds	$4,186.62	4.5%	$212

Annualized 30 Day Yields	
Active Assets Money Trust	5.32%
Active Assets Govt Sec Tr.	5.00%
Active Assets California Tax Free	3.21%
Active Assets Tax Free Trust	3.47%
Dean Witter Insured Account	5.09%

	Stocks/Options	Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Additional Information
	Common Stocks						
41	ACE LIMITED ORD	39 3/4	1,629.75	1.8%	22	1.40%	Next Dividend Payable 01/19/96
37	ADAPTEC INC	41	1,517.00	1.7%	0	0.00%	
30	ALTERA CP	49 3/4	1,492.50	1.6%	0	0.00%	
33	AMERICA ONLINE INC	37 1/2	1,237.50	1.3%	0	0.00%	
45	AMERICAN FINANCIAL GROUP INC	30 5/8	1,378.12	1.5%	45	3.26%	Next Dividend Payable 01/96
42	ASARCO INC	32	1,344.00	1.5%	33	2.50%	Next Dividend Payable 03/96
43	ATMEL CORPORATION	22 3/8	962.12	1.0%	0	0.00%	
25	AVNET INC	44 3/4	1,118.75	1.2%	15	1.34%	Next Dividend Payable 01/02/96
35	BANK BOSTON CORP	46 1/4	1,618.75	1.8%	51	3.20%	Next Dividend Payable 02/96
37	BAY NETWORKS INC	41 1/8	1,521.62	1.7%	0	0.00%	
59	BEAR STEARNS COMPANIES INC	19 7/8	1,172.62	1.3%	35	3.01%	Next Dividend Payable 02/96
43	BOST SCIENTIFIC CORP	49 1/4	2,117.75	2.3%	0	0.00%	
30	BOWATER INCORPORATED	35 1/2	1,065.00	1.2%	18	1.69%	Next Dividend Payable 01/02/96
34	CADENCE DESIGN SYSTEM	42	1,428.00	1.6%	0	0.00%	
49	COCA COLA ENTERPRISES INC	26 7/8	1,316.87	1.4%	2	.18%	Next Dividend Payable 03/96
36	COMAIR HOLDINGS	26 7/8	967.50	1.1%	10	1.04%	Next Dividend Payable 02/96
19	CONRAIL INC	70	1,330.00	1.5%	32	2.42%	Next Dividend Payable 03/96
20	CONS PAPERS INC	56 1/8	1,122.50	1.2%	29	2.63%	Next Dividend Payable 02/96
57	COUNTRYWIDE CREDIT INDS DEL	21 5/8	1,232.62	1.3%	18	1.47%	Next Dividend Payable 01/22/96
74	CYPRESS SEMICONDUCTOR DELA	12 5/8	934.25	1.0%	0	0.00%	
42	DELL COMPUTER CORP	34 5/8	1,454.25	1.6%	0	0.00%	
34	DOLE FOOD CO INC	35	1,190.00	1.3%	13	1.14%	Next Dividend Payable 03/96
20	EASTMAN CHEMICAL COMPANY	62 3/8	1,247.50	1.4%	33	2.69%	Next Dividend Payable 01/02/96
18	FMC CORP NEW	67 5/8	1,217.25	1.3%	0	0.00%	
16	HBO & CO	76 5/8	1,226.00	1.3%	2	.20%	Next Dividend Payable 01/22/96
37	HEALTHCARE COMPARE CP	43 1/2	1,609.50	1.8%	0	0.00%	
18	HFS INCORPORATED	81 3/4	1,471.50	1.6%	0	0.00%	
31	IBP INC	50 1/2	1,565.50	1.7%	6	.39%	Next Dividend Payable 01/19/96
31	KING WORLD PRODUCTION	38 7/8	1,205.12	1.3%	0	0.00%	
34	KLA INSTRUMENTS	26	884.00	1.0%	0	0.00%	
20	KOMAG INC	46 1/8	922.50	1.0%	0	0.00%	
21	LAM RESEARCH CORPORATION	45 3/4	960.75	1.0%	0	0.00%	
67	LEHMAN BROS HOLDING INC DELA	21 1/4	1,423.75	1.6%	13	.94%	Next Dividend Payable 02/96
32	LINEAR TECHNOLOGY CORPORATION	39 1/4	1,256.00	1.4%	5	.40%	Next Dividend Payable 02/96

DEAN WITTER REYNOLDS INC.

1995 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411
AE 022

Stocks/Options		Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Additional Information
Common Stocks							
44	LIZ CLAIBORNE	27 1/2	1,210.00	1.3%	19	1.63%	Next Dividend Payable 03/96
30	MACROMEDIA INCORPORATED	52 1/4	1,567.50	1.7%	0	0.00%	
18	MC DONNELL DOUGLAS	92	1,656.00	1.8%	14	.86%	Next Dividend Payable 01/02/96
22	MEAD CORP	52 1/4	1,149.50	1.3%	24	2.14%	Next Dividend Payable 03/96
25	MERCURY GENL CP NEW	47 3/4	1,193.75	1.3%	20	1.67%	Next Dividend Payable 03/96
30	MEREDITH CORPORATION	41 7/8	1,256.25	1.4%	12	.95%	Next Dividend Payable 03/96
21	NOVELLUS SYSTEM	54	1,134.00	1.2%	0	0.00%	
43	OLD REPUBLIC INTL CP	35 1/2	1,526.50	1.7%	22	1.46%	Next Dividend Payable 03/96
20	PARAMETRIC TECHNOLOGY CORP	66 1/2	1,330.00	1.5%	0	0.00%	
30	PEOPLESOFT INC	43	1,290.00	1.4%	0	0.00%	
20	PHELPS DODGE CORP	62 1/4	1,245.00	1.4%	36	2.89%	Next Dividend Payable 03/96
37	PICTURE TEL NEW	43 1/8	1,595.62	1.7%	0	0.00%	
35	RAYONIER INCORPORATED	33 3/8	1,168.12	1.3%	35	2.99%	Next Dividend Payable 03/96
22	REYNOLDS METALS CO	56 7/8	1,251.25	1.4%	30	2.46%	Next Dividend Payable 01/02/96
30	SAFEWAY INC COM NEW	51 1/2	1,545.00	1.7%	0	0.00%	
48	STAPLES INC	24 3/8	1,170.00	1.3%	0	0.00%	
98	SUN MICROSYSTEMS INC	45 5/8	4,471.25	4.9%	0	0.00%	
42	T C F FINANCIAL	33 1/8	1,391.25	1.5%	26	1.88%	Next Dividend Payable 02/96
32	TELLABS INC DELAWARE	37	1,184.00	1.3%	0	0.00%	
32	TENCOR INSTRUMENTS	24 3/8	780.00	0.9%	0	0.00%	
44	TERADYNE INC	25 1/8	1,105.50	1.2%	0	0.00%	
21	THERMO CARDIOSY	77 1/4	1,622.25	1.8%	0	0.00%	
45	TIDEWATER INC	31 1/2	1,417.50	1.5%	22	1.58%	Next Dividend Payable 02/96
26	UNION BK SF CAL	54 1/4	1,410.50	1.5%	36	2.58%	Next Dividend Payable 01/05/96
22	US ROBOTICS CORP	87 3/4	1,930.50	2.1%	0	0.00%	
29	WATSON PHARMACEUTICAL INC	49	1,421.00	1.5%	0	0.00%	
45	WESTVACO CORPORATION	27 3/4	1,248.75	1.3%	39	3.17%	Next Dividend Payable 01/02/96
36	WILLIAMS CO INC	43 7/8	1,579.50	1.7%	38	2.46%	Next Dividend Payable 03/96
39	XILINX INC	30 1/2	1,189.50	1.2%	0	0.00%	
17	ZIONS BANCORP	80 1/4	1,364.25	1.4%	27	2.04%	Next Dividend Payable 01/28/96
Total Stocks/Options			$87,545.08	95.5%	$795	.90%	

Asset Summary	Value	Est Yrly Income
Total Asset Value	91,731.70	$1,007

DEAN WITTER REYNOLDS INC

1995 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

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THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411 AE 022

1995 ACTIVITY DETAILS

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	05-03	Bought	41	ACE LIMITED ORD	26.8750	1,101.88	
	06-05	Bought	37	ADAPTEC INC	32.2500	1,193.25	
	11-07	Bought	31	AFLAC INCORPORATED	41.5950	1,289.45	
	11-27	Sold	31	AFLAC INCORPORATED	40.8980	1,267.79	
	11-09	Bought	56	ALLMERICA PPTY & CAS CO INC	23.8760	1,337.06	
	12-22	Sold	56	ALLMERICA PPTY & CAS CO INC	25.1740	1,409.69	
	06-21	Bought	30	ALTERA CP	40.7500	1,222.50	
	05-03	Bought	39	ALUMAX INC	27.5000	1,072.50	
	08-28	Sold	39	ALUMAX INC	36	1,403.95	
	05-03	Bought	106	AMDAHL CORPORATION	11.2500	1,192.50	
	08-24	Sold	106	AMDAHL CORPORATION	9	953.96	
	05-03	Bought	18	AMER NAT INS CO	60.2500	1,084.50	
	08-23	Sold	18	AMER NAT INS CO	57.4990	1,034.98	
	12-20	Bought	33	AMERICA ONLINE INC	37.9410	1,252.05	
	11-02	Bought	45	AMERICAN FINANCIAL GROUP INC	28.5360	1,284.12	
	05-03	Bought	38	AMPHENOL CORP CLASS A	28	1,064.00	
	11-24	Sold	38	AMPHENOL CORP CLASS A	21.6250	821.72	
	05-03	Bought	29	APPLE COMPUTER INC	38.2500	1,109.25	
	05-26	Sold	29	APPLE COMPUTER INC	42.7830	1,240.71	
	08-28	Bought	27	ARCO CHEMICAL COMPANY	47.5000	1,282.50	
	10-25	Sold	27	ARCO CHEMICAL COMPANY	50.2500	1,356.70	
	05-03	Bought	42	ASARCO INC	26.3750	1,107.75	
	11-09	Bought	43	ATMEL CORPORATION	30.5000	1,311.50	
	05-03	Bought	25	AVNET INC	43.5000	1,087.50	
	05-03	Bought	35	BANK BOSTON CORP	32	1,120.00	
	09-29	Bought	25	BAY NETWORKS INC	54.8620	1,371.55	
	11-24	Stock Dividend	12	BAY NETWORKS INC			
	07-05	Bought	59	BEAR STEARNS COMPANIES INC	21.8750	1,290.63	
	05-03	Bought	29	BIOGEN INC MASS	38.7500	1,123.75	
	05-26	Sold	29	BIOGEN INC MASS	39.5000	1,145.50	
	05-03	Bought	18	BMC SOFTWARE	58.7500	1,057.50	
	08-14	Stock Dividend	18	BMC SOFTWARE			
	10-30	Sold	36	BMC SOFTWARE	33.9580	1,222.49	
	11-08	Bought	36	BOISE CASCADE	36.9960	1,331.86	
	12-27	Sold	36	BOISE CASCADE	33.1250	1,192.46	
	05-03	Bought	43	BOST SCIENTIFIC CORP	26.6250	1,144.88	
	05-03	Bought	30	BOWATER INCORPORATED	35.8750	1,076.25	
	09-07	Bought	47	BRITISH STEEL PLC ADR FNL INST	28.1040	1,320.89	
	11-24	Sold	47	BRITISH STEEL PLC ADR FNL INST	25.1370	1,181.40	
	06-01	Bought	29	CABOT CORP	42.8340	1,242.19	
	10-31	Sold	29	CABOT CORP	45.9030	1,331.14	
	12-26	Bought	34	CADENCE DESIGN SYSTEM	37.9880	1,291.59	
	05-03	Bought	25	CHAMPION INTERNATIONAL CORP	42.6250	1,065.63	
	12-19	Sold	25	CHAMPION INTERNATIONAL CORP	41.4840	1,037.06	

DEAN WITTER REYNOLDS INC.

1995 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411 AE 022

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	05-03	Bought	15	CIGNA CP	72 7500	1,091.25	
	09-26	Sold	15	CIGNA CP	99 6050	1,494 03	
	05-03	Bought	45	CIRCUIT CITY STORES	24 7500	1,113 75	
	05-26	Sold	45	CIRCUIT CITY STORES	26 8750	1,209 33	
	05-03	Bought	90	CITIZENS UTILITIES SR A	12 5/8	1,136 25	
	06-20	Sold	91	CITIZENS UTILITIES SR A	11 6250	1,057 84	
	06-30	Stock Dividend	1	CITIZENS UTILITIES SR A			
	05-03	Bought	49	COCA COLA ENTERPRISES INC	23	1,127 00	
	12-20	Bought	36	COMAIR HOLDINGS	35 7440	1,286 78	
	05-03	Bought	17	COMPUTER ASSOC INTL INC	63 7500	1,083 75	
	09-05	Stock Dividend	8	COMPUTER ASSOC INTL INC			
	10-25	Sold	25	COMPUTER ASSOC INTL INC	48 6260	1,215 60	
	11-09	Bought	19	CONRAIL INC	68 5870	1,303 15	
	08-25	Bought	20	CONS PAPERS INC	64 4860	1,289 72	
	05-03	Bought	47	COOPER TIRE & RUBBER	23.7500	1,116 25	
	05-26	Sold	47	COOPER TIRE & RUBBER	25	1,174 96	
	09-19	Bought	57	COUNTRYWIDE CREDIT INDS DEL	23 8750	1,360 88	
	05-03	Bought	24	CUMMINS ENGINE CO	44 7500	1,074 00	
	08-23	Sold	24	CUMMINS ENGINE CO	39 4620	947.05	
	05-03	Bought	37	CYPRESS SEMICONDUCTOR DELA	30	1,110.00	
	10-31	Stock Dividend	37	CYPRESS SEMICONDUCTOR DELA			
	06-05	Bought	46	CYPRUS AMAX MINERALS	26 4490	1,216 65	
	12-19	Sold	46	CYPRUS AMAX MINERALS	27 0920	1,246 18	
	05-03	Bought	21	DELL COMPUTER CORP	52 8750	1,110 38	
	10-27	Stock Dividend	21	DELL COMPUTER CORP			
	05-03	Bought	24	DIGITAL EQUIPMENT CORP	45 9078	1,101 79	
	05-09	Bought	20	DIGITAL EQUIPMENT CORP	44 1250	882 50	
	08-21	Sold	44	DIGITAL EQUIPMENT CORP	43 7610	1,925 41	
	11-03	Bought	34	DOLE FOOD CO INC	37 9880	1,291 59	
	05-03	Bought	17	DOVER CORP	64 7500	1,103 75	
	09-15	Stock Dividend	17	DOVER CORP			
	10-25	Sold	34	DOVER CORP	39 0240	1,326 77	
	05-03	Bought	20	EASTMAN CHEMICAL COMPANY	56	1,120 00	
	05-03	Bought	29	ECHLIN INC	37	1,073 00	
	10-25	Sold	29	ECHLIN INC	34 3150	995 10	
	05-03	Bought	16	FEDERAL EXPRESS CORPORATION	67 3750	1,078 00	
	06-20	Sold	16	FEDERAL EXPRESS CORPORATION	62.6160	1,001 82	
	05 03	Bought	38	FEDL PAPER BOARD CO (N C)	29 1250	1,106 75	
	11-24	Sold	38	FEDL PAPER BOARD CO (N C)	50 9490	1,935 99	
	05-03	Bought	18	FMC CORP NEW	60 8750	1,095 75	
	11-10	Bought	33	HARCOURT GENERAL INC	40	1,320 00	
	12-19	Sold	33	HARCOURT GENERAL INC	41 2160	1,360 08	
	11-27	Bought	16	HBO & CO	77 6060	1,241 70	
	05-03	Bought	37	HEALTHCARE COMPARE CP	29 2500	1,082 25	
	11 28	Bought	18	HFS INCORPORATED	70 4640	1,268 35	
	05 03	Bought	31	IBP INC	36	1,116 00	

DEAN WITTER REYNOLDS INC.

1995 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411
AE 022

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	05-03	Bought	44	INCO LTD COM	26.2500	1,155.00	
	05-26	Sold	44	INCO LTD COM	24.9460	1,097.58	
	09-29	Bought	46	INFINITY BROADCASTING A	30.4010	1,398.45	
	12-19	Sold	46	INFINITY BROADCASTING A	32.0710	1,475.22	
	11-09	Bought	41	JAMES RIVER CORPORATION	32.3750	1,327.38	
	12-19	Sold	41	JAMES RIVER CORPORATION	31.5000	1,291.45	
	05-03	Bought	83	JEFFERSON SMURFITT	14.3750	1,193.13	
	05-09	Bought	70	JEFFERSON SMURFITT	12.5000	875.00	
	10-26	Sold	153	JEFFERSON SMURFITT	12.5510	1,920.30	
	08-24	Bought	31	KING WORLD PRODUCTION	41.7500	1,294.25	
	05-03	Bought	17	KLA INSTRUMENTS	64.5000	1,096.50	
	09-29	Stock Dividend	17	KLA INSTRUMENTS			
	09-29	Bought	20	KOMAG INC	67.3180	1,346.36	
	11-03	Bought	21	LAM RESEARCH CORPORATION	62.2400	1,307.04	
	08-15	Bought	67	LEHMAN BROS HOLDING INC DELA	20.2250	1,355.08	
	12-20	Bought	32	LINEAR TECHNOLOGY CORPORATION	37.9120	1,213.18	
	12-27	Bought	44	LIZ CLAIBORNE	28.3140	1,245.82	
	08-25	Bought	34	LOUISIANA LAND & EXPLORATION	38.1790	1,298.09	
	11-24	Sold	34	LOUISIANA LAND & EXPLORATION	39	1,325.95	
	05-03	Bought	44	LYONDELL PETROCHEMICAL COMPANY	25.5000	1,122.00	
	11-07	Sold	44	LYONDELL PETROCHEMICAL COMPANY	21.9070	963.87	
	11-28	Bought	30	MACROMEDIA INCORPORATED	42.9060	1,287.18	
	05-03	Bought	18	MC DONNELL DOUGLAS	60.8750	1,095.75	
	09-22	Bought	22	MEAD CORP	60.7350	1,336.17	
	12-22	Bought	25	MERCURY GENL CP NEW	47.5000	1,187.50	
	12-27	Bought	30	MEREDITH CORPORATION	41.9930	1,259.79	
	05-03	Bought	16	MICRON TECH INC	82.3750	1,318.00	
	05-09	Bought	10	MICRON TECH INC	81.2500	812.50	
	05-22	Stock Dividend	26	MICRON TECH INC			
	09-18	Sold	25	MICRON TECH INC	92.4360	2,310.82	
	12-27	Sold	27	MICRON TECH INC	44	1,187.96	
	05-03	Bought	35	MYLAN LABORATORIES INC	31	1,085.00	
	08-15	Stock Dividend	17	MYLAN LABORATORIES INC			
	08-21	Sold	35	MYLAN LABORATORIES INC	21.5000	752.47	
	08-31	Sold	17	MYLAN LABORATORIES INC	22.6250	384.61	
	05-03	Bought	14	NIKE INC B	75.8750	1,062.25	
	10-30	Stock Dividend	14	NIKE INC B			
	11-27	Sold	28	NIKE INC B	60.3820	1,690.64	
	05-03	Bought	21	NOVELLUS SYSTEM	61.7500	1,296.75	
	05-03	Bought	43	OLD REPUBLIC INTL CP	25.7500	1,107.25	
	05-03	Bought	20	OLIN CORPORATION	55.8750	1,117.50	
	08-22	Sold	20	OLIN CORPORATION	62.6250	1,252.45	
	11-06	Bought	16	OXFORD HEALTH PLANS	79.3230	1,269.17	
	11-27	Sold	16	OXFORD HEALTH PLANS	60.8250	973.20	
	05-03	Bought	45	PACIFIC ENTERPRISES	24.7500	1,113.75	
	06-28	Sold	45	PACIFIC ENTERPRISES	23.0830	1,038.70	

DEAN WITTER REYNOLDS INC.

1995 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

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THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411
AE 022

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	12-20	Bought	20	PARAMETRIC TECHNOLOGY CORP	60.4040	1,208.08	
	05-03	Bought	21	PARKER HANNIFIN CORP	51.8750	1,089.38	
	06-02	Stock Dividend	10	PARKER HANNIFIN CORP			
	10-25	Sold	31	PARKER HANNIFIN CORP	34	1,053.96	
	11-28	Bought	15	PEOPLESOFT INC	79.3760	1,190.64	
	11-29	Stock Dividend	15	PEOPLESOFT INC			
	05-03	Bought	20	PHELPS DODGE CORP	54.6250	1,092.50	
	11-27	Bought	37	PICTURE TEL NEW	35.2050	1,302.59	
	05-03	Bought	26	POTLATCH CORPORATION	42.8750	1,114.75	
	09-21	Sold	26	POTLATCH CORPORATION	41.0010	1,065.99	
	05-03	Bought	46	PRAXAIR INC	24.3750	1,121.25	
	10-25	Sold	46	PRAXAIR INC	26.4280	1,215.64	
	08-28	Bought	35	RAYONIER INCORPORATED	38.1250	1,334.38	
	05-03	Bought	22	REYNOLDS METALS CO	49.7500	1,094.50	
	05-03	Bought	49	RITE AID CORP	22.6250	1,108.63	
	06-20	Sold	49	RITE AID CORP	25.2400	1,236.71	
	05-03	Bought	30	SAFEWAY INC COM NEW	36	1,080.00	
	05-03	Bought	12	SCOTT PAPER CO	88.1250	1,057.50	
	05-09	Bought	10	SCOTT PAPER CO	89.8750	898.75	
	05-12	Stock Dividend	22	SCOTT PAPER CO			
	10-27	Sold	44	SCOTT PAPER CO	52.0920	2,291.97	
	05-03	Bought	22	ST PAUL COMPANIES INC NO PAR	49.1250	1,080.75	
	08-24	Sold	22	ST PAUL COMPANIES INC NO PAR	49.8750	1,097.21	
	11-29	Bought	48	STAPLES INC	26.5110	1,272.53	
	05-03	Bought	54	STONE CONTAINER CORP	20.3750	1,100.25	
	10-27	Sold	54	STONE CONTAINER CORP	16.5010	891.02	
	05-03	Bought	29	SUN MICROSYSTEMS INC	39	1,131.00	
	05-09	Bought	20	SUN MICROSYSTEMS INC	40	800.00	
	12-11	Stock Dividend	49	SUN MICROSYSTEMS INC			
	11-28	Bought	21	T C F FINANCIAL	60.5000	1,270.50	
	11-30	Stock Dividend	21	T C F FINANCIAL			
	05-03	Bought	22	TANDY CORP	49.7500	1,094.50	
	07-25	Sold	22	TANDY CORP	51.5000	1,132.96	
	05-03	Bought	16	TELLABS INC DELAWARE	70.7500	1,132.00	
	05-19	Stock Dividend	16	TELLABS INC DELAWARE			
	06-21	Stock Dividend	16	TENCOR INSTRUMENTS			
	06-21	Bought	16	TENCOR INSTRUMENTS	75.2500	1,204.00	
	05-03	Bought	22	TERADYNE INC	51.2500	1,127.50	
	08-29	Stock Dividend	22	TERADYNE INC			
	11-29	Bought	21	THERMO CARDIOSY	59.6870	1,253.43	
	05-03	Bought	24	THREE COM CORP	55.8750	1,341.00	
	08-25	Stock Dividend	24	THREE COM CORP			
	09-21	Sold	48	THREE COM CORP	43.3800	2,082.24	
	11-28	Bought	45	TIDEWATER INC	28.5000	1,282 50	
	05-03	Bought	27	TIMKEN CO	39.8750	1,076.63	
	08-21	Sold	27	TIMKEN CO	44.1250	1,191.34	

DEAN WITTER REYNOLDS INC

1995 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411 AE 022

Assets

Date	Activity	Quantity	Description	Price	Amount	Additional Information
11-10	Bought	26	UNION BK SF CAL	50.7500	1,319.50	
05-03	Bought	22	UNION CAMP CORP	50	1,100.00	
11-24	Sold	22	UNION CAMP CORP	47.3870	1,042.47	
05-03	Bought	35	UNION CARBIDE CORP	31.3750	1,098.13	
11-01	Sold	35	UNION CARBIDE CORP	37.7340	1,320.64	
05-03	Bought	31	UNION ELECTRIC CO	35.8750	1,112.13	
06-20	Sold	31	UNION ELECTRIC CO	36.2430	1,123.49	
06-21	Bought	11	US ROBOTICS CORP	105.5000	1,160.50	
09-08	Stock Dividend	11	US ROBOTICS CORP			
05-03	Bought	24	VARIAN ASSOCIATES INC DEL	45.7500	1,098.00	
11-27	Sold	24	VARIAN ASSOCIATES INC DEL	47.5040	1,140.06	
09-19	Bought	30	VARITY CORP NEW	46.4470	1,393.41	
11-27	Sold	30	VARITY CORP NEW	36.9940	1,109.78	
11-06	Bought	29	WATSON PHARMACEUTICAL INC	45.2500	1,312.25	
05-03	Bought	30	WESTVACO CORPORATION	42.1250	1,263.75	
10-02	Stock Dividend	15	WESTVACO CORPORATION			
12-28	Sold	45	WESTVACO CORPORATION	26.5720	1,195.70	UNSETTLED SALE
05-30	Bought	24	WILLAMETTE INDST	50.6410	1,215.38	
12-22	Sold	24	WILLAMETTE INDST	55.2380	1,325.71	
09-12	Bought	36	WILLIAMS CO INC	37.3670	1,345.21	
05-31	Bought	13	XILINX INC	95.8970	1,246.66	
08-11	Stock Dividend	26	XILINX INC			
11-28	Bought	17	ZIONS BANCORP	72.6360	1,234.81	

Income

Activity	Description	Amount	Income Category
Taxable Interest	ACTIVE ASSETS INSURED ACCOUNT	386.25	Money Market Funds
Taxable Interest	DEAN WITTER INSURED ACCOUNT	12.22	Money Market Funds
	Sub Total Money Market Funds	$398.47	
Dividend	ACE LIMITED ORD	11.48	Stocks
Dividend	AFLAC INCORPORATED	4.03	Stocks
Dividend	AMER NAT INS CO	10.62	Stocks
Dividend	ASARCO INC	25.20	Stocks
Dividend	AVNET INC	7.50	Stocks
Dividend	BANK BOSTON CORP	35.35	Stocks
Dividend	BEAR STEARNS COMPANIES INC	17.70	Stocks
Dividend	BOWATER INCORPORATED	9.00	Stocks
Dividend	CABOT CORP	5.22	Stocks
Dividend	CHAMPION INTERNATIONAL CORP	2.50	Stocks
Dividend	CIGNA CP	22.80	Stocks
Dividend	COCA COLA ENTERPRISES INC	1.83	Stocks
Dividend	COMPUTER ASSOC INTL INC	1.70	Stocks
Dividend	CONRAIL INC	8.07	Stocks
Dividend	CONS PAPERS INC	7.40	Stocks
Dividend	COUNTRYWIDE CREDIT INDS DEL	4.56	Stocks

DEAN WITTER REYNOLDS INC.

1995 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

PAGE 9 OF 10

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411
AE 022

Income

Activity	Description	Amount	Income Category
Dividend	CUMMINS ENGINE CO	6.00	Stocks
Dividend	CYPRUS AMAX MINERALS	18.40	Stocks
Dividend	DOLE FOOD CO INC	3.40	Stocks
Dividend	DOVER CORP	9.52	Stocks
Dividend	EASTMAN CHEMICAL COMPANY	16.40	Stocks
Dividend	ECHLIN INC	11.88	Stocks
Dividend	FEDL PAPER BOARD CO (N.C.)	30.40	Stocks
Dividend	IBP INC	3.10	Stocks
Dividend	JAMES RIVER CORPORATION	6.15	Stocks
Dividend	LEHMAN BROS HOLDING INC DELA	6.70	Stocks
Dividend	LOUISIANA LAND & EXPLORATION	2.04	Stocks
Dividend	LYONDELL PETROCHEMICAL COMPANY	19.80	Stocks
Dividend	MC DONNELL DOUGLAS	7.20	Stocks
Dividend	MEAD CORP	6.16	Stocks
Dividend	MICRON TECH INC	6.55	Stocks
Dividend	MYLAN LABORATORIES INC	1.75	Stocks
Dividend	NIKE INC B	7.00	Stocks
Dividend	OLD REPUBLIC INTL CP	16.77	Stocks
Dividend	OLIN CORPORATION	24.00	Stocks
Dividend	PARKER HANNIFIN CORP	11.25	Stocks
Dividend	PHELPS DODGE CORP	27.00	Stocks
Dividend	POTLATCH CORPORATION	20.80	Stocks
Dividend	PRAXAIR INC	7.36	Stocks
Dividend	RAYONIER INCORPORATED	17.50	Stocks
Dividend	REYNOLDS METALS CO	13.20	Stocks
Dividend	SCOTT PAPER CO	8.80	Stocks
Dividend	ST PAUL COMPANIES INC NO PAR	8.80	Stocks
Dividend	STONE CONTAINER CORP	8.10	Stocks
Dividend	TANDY CORP	3.96	Stocks
Dividend	TIMKEN CO	14.58	Stocks
Dividend	UNION CARBIDE CORP	13.12	Stocks
Dividend	UNION CAMP CORP	18.04	Stocks
Dividend	UNION ELECTRIC CO	18.91	Stocks
Dividend	VARIAN ASSOCIATES INC DEL	3.36	Stocks
Dividend	WESTVACO CORPORATION	18.15	Stocks
Dividend	WILLAMETTE INDST	14.40	Stocks
Dividend	WILLIAMS CO INC	9.72	Stocks
	Sub Total Stocks	$615.23	
	Total Income	$1,013.70	

Deposits

Date	Activity	Description	Amount	Additional Information
04-03	Branch Deposit	FUNDS RECEIVED	13,534.86	

DEAN WITTER REYNOLDS INC.

1995 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411
AE 022

Deposits

Date	Activity	Description	Amount	Additional Information
04-04	Branch Deposit	FUNDS RECEIVED	12,456.00	
04-05	Branch Deposit	FUNDS RECEIVED	22,427.66	
04-17	Branch Deposit	FUNDS RECEIVED	26,294.87	
		Total Deposits	$74,713.39	

Other

Date	Activity	Description	Amount	Additional Information
03-27	Charge	AAA ANNUAL SERVICE FEE	-80.00	
04-26	Journal Out	ACCESS INCEP FEE NIC	-377.78	
04-27	Journal In	SAME NAME ACCOUNT	4,612.49	642 119410 TO 642 119411
05-03	Journal In	AAA FEE REFUND	80.00	
06-02	Stock Dividend	PARKER HANNIFIN CORP	18.50	CASH IN LIEU FRACTIONAL SHARE
06-30	Stock Dividend	CITIZENS UTILITIES SR A	4.11	CASH IN LIEU FRACTIONAL SHARE
07-19	Journal Out	ACCESS 3Q95 FEE NIC	-600.86	
08-15	Stock Dividend	MYLAN LABORATORIES INC	11.43	CASH IN LIEU FRACTIONAL SHARE
09-05	Stock Dividend	COMPUTER ASSOC INTL INC	22.12	CASH IN LIEU FRACTIONAL SHARE
10-18	Journal Out	ACCESS 4Q95 FEE NIC	-667.03	
11-24	Stock Dividend	BAY NETWORKS INC	22.81	CASH IN LIEU FRACTIONAL SHARE
		Total	3,045.79	

Tax Information

	For 1995
Reportable Gross Proceeds	72,750.79

The tax information provided above should be used only as a guide. A complete 1099 will be sent to you

Summary of Service Charges

Annual Active Assets Service Charge	80.00

Messages

Please note that trades executed, checks written and Visa transactions made in 1995, and which settle early in 1996, will be reflected as 1995 transactions under the Assets, Checking and Visa sections of the Activity Details portion of the statement.

DEAN WITTER REYNOLDS INC.

RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1995

PAGE 1 OF 5

Your Account Executive
HANDO/PEAR
DEAN WITTER REYNOLDS INC
1850 K STREET, N.W., SUITE 900
WASHINGTON, DC 20006
(202) 862-9000

GERALD D KLECZKA
3268 S 9TH STREET
MILWAUKEE WI 53215 4725

Account Number 642 119460
AE 022

Social Security Number
389-42-0441

Date of Birth
November 26, 1943

IRA Rollover
Dated 03/29/95

IMPORTANT: PLEASE REFER TO THE MESSAGE ON THE LAST PAGE REGARDING THE ADDRESS ON YOUR ACCOUNT

Asset Summary

	Value	*Percent of assets*
Money Market Funds	$173.17	0.4%
Stocks/Options	0.00	0.0
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	34,947.55	99.6
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$35,120.72	100.0%
Cash	0.00	
Total Asset Value	$35,120.72	

Income Summary

	This Month	Year To Date
Money Market Funds	$0.62	$33.46
Stocks	0.00	0.00
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	18.69
Government Securities	0.00	0.00
Mutual Funds	97.23	204.62
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$97.85	$256.77

Activity Summary

Total Asset Value as of September 30 1995		$34,289.07
Cash/Money Market Activity		
Closing Balance as of 9/30	$171.22	
Income	146.69	
Deposits	0.00	
Assets Sold	0.00	
Other	601.54	
Withdrawals	0.00	
Assets Bought	-746.28	
Closing Balance as of 12/31	173.17	
Net Change Cash/Money Market Activity		1.95
Changes in Asset Value		
Value of Priced Assets as of 9/30	$34,117.85	
Assets Bought	746.28	
Assets Received	0.00	
Assets Sold	0.00	
Assets Delivered	0.00	
Transactions at Fund Company	563.10	
Change in Value of Priced Assets	-479.68	
Value of Priced Assets as of 12/31	34,947.55	
Net Change in Asset Value		829.70
Total Asset Value as of December 31 1995		$35,120.72

Please see page 5 for your Account's Retirement Recap.

DEAN WITTER REYNOLDS INC.

RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1995

GERALD D KLECZKA
3268 S 9TH STREET

Account Number 642 119460
AE 022

ASSET DETAILS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	.00	---	---
DEAN WITTER LIQUID ASSET FUND	173.17	0.4%	9
Total Cash and Money Market Funds	$173.17	0.4%	$9

Annualized 30 Day Yields	
Dean Witter Liquid Asset Fund	5.21%
Dean Witter Tax Free Income Tr	3.29%
Dean Witter US Govt Money Mkt	4.69%
Dean Witter California Tax Fr.	3.07%
Dean Witter New York Money Tr	3.09%

	Mutual Funds	Current Price	Value	Pc. of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Dividend Option	Cap Gains Option
	Dean Witter Mutual Funds								
157.066	DEAN WITTER EUROPEAN GROWTH	14.0000	2,198.92	6.3%	N/A	N/A	074958576	Reinv	Reinv
186.358	DEAN WITTER AMERICAN VALUE	27.1600	5,061.48	14.4%	N/A	N/A	074949836	Reinv	Reinv
37.805	DEAN WITTER DIVIDEND GROWTH	38.5900	1,458.89	4.2%	N/A	N/A	074953221	Reinv	Reinv
94.691	TCW/DW CORE EQUITY TRUST	14.2600	1,350.29	3.8%	N/A	N/A	074963464	Reinv	Reinv
188.758	TCW/DW SMALL CAP GROWTH	15.5400	2,933.29	8.4%	N/A	N/A	075065699	Reinv	Reinv
	Total Dean Witter Mutual Funds		13,002.87	37.1%	N/A	N/A			
	Other Mutual Funds								
142.000	TEMPLETON DEVELOPING MARKETS	13.0100	1,847.42	5.3%	N/A	N/A	0001875029	Reinv	Reinv
43.436	ALLIANCE TECHNOLOGY CLASS B	40.7800	1,771.32	5.0%	N/A	N/A	2820033019	Reinv	Reinv
88.146	ALLIANCE GROWTH FUND CL B	25.3700	2,236.26	6.4%	N/A	N/A	3310249994	Reinv	Reinv
74.000	MFS EMERGING GROWTH FUND CL B	26.4600	1,958.04	5.6%	N/A	N/A	0000977566	Reinv	Reinv
80.248	OPPEN MAIN ST INC & GRTH A	26.8900	2,157.86	6.1%	N/A	N/A	7007002667	Reinv	Reinv
92.063	AIM - CONSTELLATION FUND	22.5100	2,072.33	5.9%	N/A	N/A	5004636956	Reinv	Reinv
125.730	AMCAP FUND	13.6700	1,718.72	4.9%	N/A	N/A	0148840389	Reinv	Reinv
89.182	EUROPACIFIC GROWTH FUND	23.1300	2,062.77	5.9%	N/A	N/A	0241492396	Reinv	Reinv
86.964	FRANKLIN SPECIAL EQUITY INCM	15.7900	1,373.16	3.9%	N/A	N/A	1391084387	Reinv	Reinv
62.233	INVESTMENT COMPANY OF AMERICA	21.6100	1,344.85	3.8%	N/A	N/A	0166130546	Reinv	Reinv
214.970	TEMPLETON FOREIGN FUND	9.1800	1,973.42	5.6%	N/A	N/A	4950600216	Reinv	Reinv
65.022	WASHINGTON MUTUAL INVESTORS FD	21.9700	1,428.53	4.1%	N/A	N/A	0132331799	Reinv	Reinv
	Total Other Mutual Funds		21,944.68	62.5%	N/A	N/A			
	Total Mutual Funds		$34,947.55	99.6%	N/A	N/A			

Asset Summary	Value	Est Yrly Income
Total Asset Value	35,120.72	$9

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 10 PM 3:31
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES
HAND DELIVERED

(9)

MC

(Office Use Only)

RONALD KLINK
(Full Name)

3410 LASHAN DRIVE
MURRYSVILLE, PA 15668-9480
(Mailing Address)

(202) 225-2565
Daytime Telephone

Filer Status	☒ Member of the U.S House of Representatives — State PA District 4th CD	☒ Officer or Employee	Employing Office US HOUSE OF REPRESENTATIVES
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date ____

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL
Ron Klink

DATE (Month/Day/Year)
5-10-96

Name RONALD KLINK

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	LINDA KLINK, BEAUTY SHOP	SPOUSE/SELF EMPLOYED	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name RONALD KLINK | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
NATIONAL CABLE TELEVISION ASSOCIATION		SPEECH	MAY 7, 1995	$1500.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name RONALD KLINK

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

				A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
				None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP,	*Examples*	SP	Mega Corp. Stock				X								X							X									P
DC,			123 Main St., Dover, Del.							X						X											X				
JT			1st Bank of Paducah, KY accounts					X									X							X							
JT			EAST OHIO STREET PROPERTIES *			X									PARTNERSHIP INCOME									X							
JT			PLEASANT VALLEY PROFESSIONAL CENTER					X								X									X						
JT			WESTINGHOUSE COMMON STOCK				X														X										
*			HARTWOOD REALTY PARTNER, L.P.CONGLOMERATED																												
			INTO EAST OHIO STREET PROPERTIES																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RONALD KLINK

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	IRWIN BANK			X											X					X									
JT	IRWIN BANK		X												X					X									
JT	US TREASURY	X													X				X										P
JT	PAINE WEBBER - MUTUAL FUNDS IRA			X									X		X	X			N/A - IRA										
SP	PAINE WEBBER - MUTUAL FUNDS IRA			X									X		X	X			N/A - IRA										
SP	RESOURCES TRUST - IRA	X											X		X	X			N/A - IRA										
SP	CANADA LIFE ASSURANCE COMPANY - IRA		X										X		X	X			N/A - IRA										
SP	PIONEER III - IRA		X										X		X	X			N/A - IRA										
JT	THE AMERICAN FUNDS GROUP - IRA	X											X		X	X			N/A - IRA										
DC	PIONEER II		X										X			X				X									
JT	DAGWOODS, INC.			X									X						X										
SP	WASHINGTON MUTUAL INVESTMENT FUND-IRA		X										X						N/A - IRA										P
JT	BUILDING - RD # 7 GREENSBURG, PA	X														X										X			

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SCHEDULE IV — TRANSACTIONS

Name RONALD KLINK

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
JT	BUILDING - RD # 7 GREENSBURG, PA		X							X					
JT	TREASURY BILLS	X				X									
SP	WASHINGTON MUTUAL INVESTMENT FUND - IRA	X				X									

This page may be copied if more space is required.

Name RONALD KLINK

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
		NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

	Source	Description	Value
Example	Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
		NONE	

Use additional sheets if more space is required.

Name RONALD KLINK

Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash , D C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	NATIONAL CABLE TELEVISION ASSN.	MAY 7-8	PITTSBURGH - DALLAS - PGH	Y	Y	Y	N
	AIPAC - CODEL TO ISRAEL	MAY 28 - JUNE 5	PGH - TEL AVIV - PGH	Y	Y	Y	N
	UNITED CHIOS SOCIETIES OF AMERICIA	AUG 8-22	PGH - ATHENS GREECE - PGH	N	N	Y	Y /8

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Name RONALD KLINK	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Scott Klug
(Full Name)

737 Seneca Place
(Mailing Address)

Madison, WI 53711
Daytime Telephone (202)225-2906

Filer Status	☒ Member of the U S House of Representatives State WI District 02	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	**Yes** ☐	**No** ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	**Yes** ☒	**No** ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	**Yes** ☒	**No** ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	**Yes** ☒	**No** ☐
V Did you, your spouse or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	**Yes** ☐	**No** ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	**Yes** ☐	**No** ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	**Yes** ☒	**No** ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	**Yes** ☐	**No** ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	**Yes** ☐	**No** ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	**Yes** ☐	**No** ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	**Yes** ☐	**No** ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Scott Klug mc

DATE (Month/Day/Year) 05-04-96

Name Scott Klug

Page 1 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug 13, 1994	$500
WI Underground Contractors' Assoc., Milwaukee, WI	Speech	June 1, 1995	$300
WI League Financial Institutions, Lake Geneva, WI	Speech	Oct. 6, 1995	$200

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Name Scott Klug

Page 2 **of** 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
DC	Union Electric (Keefe)			X									X							X									
DC	Kemper Municipal Bond Fund (Keefe)			X									X			X					X								
DC	Southwest Bell (Brett)			X									X								X								
DC	Pacific Telesis (Collin)		X										X							X									
DC	Phillips Petroleum (Collin)		X										X							X									
DC	Waste Management		X										X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Scott Klug

Page 3 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	McCormick Spice		X										X						X										
JT	Mesa Limited Partnership	X											X						X										
	IRA-Scott			X									X																
	Gehl Stock		X										X						X										S
	Anchor Bank		X										X						X										P
	Money Market/Kemper		X																										
	US Treasury Securities/Kemper			X																									
	Federal Employees Retirement			X									X		X					X									
	IRA-Tess				X								X																
	Pepsi Cola			X									X						X										
	Louisiana Pacific		X										X						X										
	Money Market/Kemper			X																									
	US Treasury Securities/Kemper			X																									
JT	CUNA Credit Union Savings Acct		X												X					X									
JT	Mutual Savings Bank		X												X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Scott Klug

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	IRA - Tess Best Buy		X										X							X									P

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SCHEDULE IV — TRANSACTIONS

Name Scott Klug

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP DC JT	Asset	Type of Transaction: PURCHASE	Type of Transaction: SALE	Type of Transaction: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
JT	IRA - Scott Gehl Stock		X		5/6/95	X									
[illegible]	Anchor Bank	X			5/6/95	X									
SP	IRA - Tess Money Market		X		5/6/95	X									
SP	Best Buy CAPLP GTD CONV	X			5/6/95	X									

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Name Scott Klug

Page 6 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Cong. Study Group on Germany		Apr. 17-22	MSN-Dresden-MSN	Y	Y	Y	2 days
Nat'l Assoc. of Broadcasters		Sept. 8-10	MSN-New Orleans-MSN(Tess) DC-New Orleans-MSN(Scott)	Y	Y	Y	N

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Name Scott Klug	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Board of Advisors	Qualitemps, Madison, WI (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Joseph K. Knollenberg (Full Name)

3576 Darcy
Bloomfield Hills, MI 48301 (Mailing Address)

(202)225-5802 (Daytime Telephone)

Filer Status	☒ Member of the U S House of Representatives State Michigan District 11th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	**Yes** ☒	**No** ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	**Yes** ☐	**No** ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	**Yes** ☐	**No** ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	**Yes** ☐	**No** ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	**Yes** ☒	**No** ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	**Yes** ☒	**No** ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	**Yes** ☐	**No** ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	**Yes** ☒	**No** ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	**Yes** ☐	**No** ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	**Yes** ☐	**No** ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	**Yes** ☐	**No** ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S.C app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-10-96

Name Joseph K. Knollenberg | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Allstate Insurance Co., Southfield, MI	Company paid portion of group life/health insurance benefits per Agreement cited in Schedule 1X.	$2,801
	Sandra Knollenberg, Bloomfield Hills, MI	Self employed income Aerobics Instructor	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Joseph K. Knollenberg

Page 3 **of** 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
Examples:	123 Main St., Dover, Del.							X						X											X				
Examples:	1st Bank of Paducah, KY accounts					X									X							X							
	Particle Measuring Systems, Inc. 5475 Airport Blvd., Boulder, CO 80301				X								X							X									
	Alliance World Income Trust, Inc. Secaucus, NJ		X										X							X									
	Washington Mutual Inv. Fund Brea, CA		X										X							X									
	NBD Bank Detroit, MI			X											X					X									
	First Federal of Michigan Detroit, MI		X												X				X										
	The Bank of Bloomfield Hills Bloomfield Hills, MI				X										X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph K. Knollenberg

Page 4 of 5

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Congressional Federal C.U. Washington, D.C.			X											X					X									
	TR Assoc. of Pine Bluff (LTD) East Lansing, MI			X									PARTNERSHIP						X										
	Farm-Thru Helen K. Knollenberg Trust Matton, IL		X										FARM INTEREST							X									
	Research Electro Optics 1855 S. 57th Court, Boulder, CO 80301			X									X						X										
*	Savings & Profit Sharing Fund of Allstate Employees (ESOP)					X							ESOP - NOT SELF DIRECTED												N/A				
*	Agents Pension Plan - Defined Benefit Plan (Pre-retirement Death Benefit Value)						X						PENSION -NOT SELF DIRECTED												N/A				
*	Allstate Annuity Spouse's IRA		X										IRA - NOT SELF DIRECTED												N/A				
*	These items were inadvertently omitted in prior years.																												

This page may be copied if more space is required.

Name Joseph K. Knollenberg	Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Unpaid Leave of Absence	Allstate Insurance Co., Northbrook, Illinois - W-2 issued $2,801 for portion of Group Life Benefits and Health Insurance. No services performed in 1995. See Agreement below.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-02-93	Joseph K. Knollenberg and Allstate Insurance Co.	Agreement covering unpaid Leave of Absence from employment during period of Government Service and continued participation in medical, dental, vision, and Life Insurance Benefit programs, as approved by the Committee on Standards of official conduct by a letter dated 1-02-93.

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

⑧

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

James Thomas Kolbe
(Full Name)

205 Cannon House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone
(202)-225-2542

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U S House of Representatives	State AZ District 05	☐ Officer or Employee	Employing Office	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I	Yes ☐ No ☒		VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? If yes, complete and attach Schedule I	Yes ☒ No ☐		VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes ☒ No ☐	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III	Yes ☒ No ☐		VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes ☒ No ☐		IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V	Yes ☐ No ☒		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION-Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
5/15/96

Name James Thomas Kolbe | **Page** 2 of 8

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the
list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	Amusement and Music Operators Association	Speech	5/ 3/95	$ 1,000
	American International Group Inc.	Speech	10/31/95	$ 2,000

Name James Thomas Kolbe **Page** 3 **of** 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC *Examples* SP 123 Main St., Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT 1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Sonita, AZ - 1/4 interest in 420 acres of land	$100,001 - $250,000		None - $200	
Bank One - Checking & Saving Account	None - $1,000	Interest	$201 - $1,000	S
Chase Money Market Account	None - $1,000	Interest	$201 - $1,000	S
Alliance Capital Reserves Money Market	None - $1,000	Interest	$201 - $1,000	S
Congressional Federal Credit Union Checking & Savings Account	$15,001 - $50,000	Dividends	$201 - $1,000	
Southmark Equity Partnership	$1,001 - $15,000		None - $200	
Exeter Real Estate Investors - 1 Share	$15,001 - $50,000		None - $200	
Golder Ranch Association - Limited Partnership - 1/2 Share	$1,001 - $15,000		None - $200	

Name James Thomas Kolbe | **Page** 4 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Franklin Arizona Tax - Free Income Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
Motorola Coporation Stock	$1,001 - $15,000	Dividends	None - $200	
Broken Hill Proprietary - Stock	$1,001 - $15,000	Dividends	None - $200	
Esterline Corporation - Stock	$1,001 - $15,000	Dividends	None - $200	
Wood Canyon Corporation - 5% of Outstanding Stock	$50,001 - $100,000		None - $200	
Insured Municipal Income Trust	$1,001 - $15,000	Interest	$201 - $1,000	
Investment Company of America Mutual Fund	$50,001 - $100,000	Dividends	$1,001 - $2,500	
Rauscher Pierce Refsnes Daily Cash Accumulation Fund	$50,001 - $100,000	Interest	$2,501 - $5,000	
Medtronics - Stock	$15,001 - $50,000	Dividends	None - $200	
Chandler Water & Sewer Revenue Bonds	$15,001 - $50,000	Interest	$1,001 - $2,500	
Merrill Lynch CMA Money Fund	$15,001 - $50,000	Interest	$1,001 - $2,500	
-Merrill Lynch Basic Value Fund	$15,001 - $50,000	Dividends	$201 - $1,000	
-Merrill Lynch Municipal Bond Fund	None - $1,000	Interest	$201 - $1,000	S
Mexico Fund	$1,001 - $15,000	Dividends	None - $200	
CIFRA S.A., ADR	$1,001 - $15,000	Dividends	None - $200	
Home Depot, Inc	$1,001 - $15,000	Dividends	None - $200	
Philip Morris Companies	$1,001 - $15,000	Dividends	$201 - $1,000	
Scudder Latin American Fund	$1,001 - $15,000	Dividends	None - $200	
Morgan Stanley Asia Growth Fund	$1,001 - $15,000		None - $200	
Merrill Lynch IRA:				
-CD Bank United of Texas	$1,001 - $15,000		None - $200	
-US Treasury Strips	$15,001 - $50,000		None - $200	
-Alliance Worldwide Privitization Fund	$1,001 - $15,000		None - $200	
-GT Global Telecommunication Fund	$1,001 - $15,000		None - $200	

Name James Thomas Kolbe | **Page** 5 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

-Keystone Custodian	$1,001 - $15,000	Dividends	None - $200	
-Balanced Fund	$1,001 - $15,000	Interest	$201 - $1,000	
-Basic Value Fund	$1,001 - $15,000	Interest	None - $200	
-Retirement Reserves Fund - Cash (formerly Domestic Money Market Fund)	$1,001 - $15,000	Interest	$201 - $1,000	
-Prime Bond Fund	$1,001 - $15,000	Interest	None - $200	
-Flexible Strategy Fund	$1,001 - $15,000	Dividends	None - $200	
-Global Strategy Focus Fund	$1,001 - $15,000	Dividends	None - $200	
-International Equity Focus Fund	$1,001 - $15,000	Dividends	None - $200	
Quality Equity Fund	$1,001 - $15,000	Dividends	None - $200	P
Equity Growth Fund	$1,001 - $15,000	Dividends	None - $200	P
Arizona Bank, Savings & Checking Accounts	$15,001 - $50,000	Interest	$201 - $1,000	P
Muniyield Arizona Fund	$15,001 - $50,000	Interest	None - $200	P
Marathon Greater China Growth Fund	$1,001 - $15,000	DIVIDENDS	None - $200	P
Federal Securities Trust	$1,001 - $15,000	Dividends	$201 - $1,000	

Name James Thomas Kolbe | Page 6 of 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Muniyield Arizona Fund	Purchase	11/24/95	$15,001 - $50,000
	Pep Boys Many Moe & Mack	Sold	09/15/95	$1,001 - $15,000
	Glaxo Holdings PLC	Sold	11/20/95	$1,001 - $15,000
	Wal Mart Stores Inc	Sold	09/15/95	$1,001 - $15,000
	Equity Growth Fund	Purchase	10/95	$1,001 - $15,000
	Quality Equity Fund	Purchase	10/95	$1,001 - $15,000
	Arizona Bank Savings & Checking Accounts	Purchase	07/95	$15,001 - $50,000
	Chase Money Market Account	Sold	09/95	$1,001 - $15,000
	Alliance Capital Reserves Money Market	Sold	09/95	$1,001 - $15,000
	Bank One Checking & Saving Account	Sold	07/95	$15,001 - $50,000
	Merrill Lynch Municipal Bond Fund	Sold	11/28/95	$1,001 - $15,000
	Marathon Greater China Growth Fund (inadvertently omitted from 1995 Report)	Purchase	9/16/94	$1,001 - $15,000

Name James Thomas Kolbe	**Page** 7 of 8

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.8-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Columbia Institute/World Economic Forum (Conference)	01/27-30/95	Washington, D.C. - Zurich - Washington, D.C.	Y	Y	N	NO
Border Trade Alliance (Conference)	02/20-21/95	Tucson - Mexico City - Washington, D.C.	N	Y	N	NO
Transatlantic Policy Network (Conference)	04/06-09/95	Washington, D.C. - Paris - Tucson	Y	Y	N	NO
Miami Congressional Workshop on Political, Economic and Security Issues in the Western Hemisphere (Conference)	04/28-29/95	Washington, D.C. - Miami - Tucson	Y	Y	N	NO
Centre for Legislative Exchange (Fact Finding)	06/18-19/95	Washington, D.C. - Ottawa, Ontario - Washington, D.C.	Y	Y	N	NO
Aspen Institute (Conference)	08/24-9/2/95	Tucson - Instanbul & London - Tucson	Y	Y	N	YES - 2 Days - See Following Trip
American Task Force for Lebanon (Fact Finding)	08/30-9/2/95	Istanbul - Beirut - London	Y	Y	N	NO
Northwestern University (Speech)	10/08-10/95	Tucson - Chicago - Washington, D.C.	Y	Y	N	NO

Name James Thomas Kolbe — Page 8 of 8

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Trustee	Embry - Riddle Aeronautical University, Daytona Beach, Florida
Director	Community Food Bank, Tucson, Arizona

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

(14)

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Me

John J. LaFalce
(Full Name)

2310 Rayburn House Office Building
(Mailing Address)

Washington DC 20515
Daytime Telephone. 202-225-3231

Filer Status ☒ Member of the U S House of Representatives — State NY — District 29 ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☒ No ☐
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? Yes ☒ No ☐
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? Yes ☐ No ☒
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? Yes ☒ No ☐
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☒ No ☐
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☒
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL
John J. LaFalce

DATE (Month/Day/Year)
May 15, 1996

Name John J LaFalce **Page** 2 **of** 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP Mega Corp Stock DC *Examples* SP 123 Main St., Dover, Del JT 1st Bank of Paducah KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50 001 - $100,000	Dividends Rent Interest	$201 - $1 000 $1,001 - $2,500 $5,001 - $15 000	P
DEAN WITTER I				
Mark IV	$1 001 - $15,000	Capital Gains and Dividends	None - $200	NA
U S Cellular	None	Capital Gains	None - $200	S
Health Care Compare	None	Capital Gains	None - $200	S
Active Assets	$1 001 - $15,000	Dividends	$201 - $1 000	NA
Gibraltar Steel	$1 001 - $15,000	-	None - $200	P
Sensormatic Electronics	None	Dividends	None - $200	P
-------Sensormatic Electronics				S
Grancare	$1,001 - $15 000	-	None - $200	P

Name John J LaFalce | **Page** 3 of 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Neostar	$1,001 - $15,000	-	None - $200	P
DEAN WITTER II				
Chile Fund	None	Capital Gains	$2,501 - $5,000	S
Northern Telecom	None		None - $200	S
Ero, Inc	None		None - $200	S
DW Pacific Growth Fund	$15,001 - $50,000	Dividends	$201 - $1,000	S
Computer Associates	None	Capital Gains	$1,001 - $2,500	S
Liquid Assets	None to $1000	Interest	None - $200	NA
DW European Growth Fund	$15,001 - $50,000	Capital Gains	$201 - $1,000	NA
MCI Communications	None	Capital Gains	$201 - $1,000	P
----MCI Communications				S
Gibraltar Steel	$1,001 - $15,000		None - $200	P
TransCor Waste Services	None	Capital Gains	$2,501 - $5,000	P
---TransCor Waste Services				S
Lear Seating	$1,001 - $15,000		None - $200	P
Grancare	$1,001 - $15,000		None - $200	P
Healthplan Services	$15,001 - $50,000		None - $200	P
FIDELITY				
Fidelity Emerging Markets	None	Dividends	$201 - $1,000	S
Fidelity Latin American Fund	None	Dividends	None - $200	S
Fidelity Southeast Asia Fund	None	Dividends	None - $200	S
Fidelity Overseas Fund	$1,001 - $15,000	-	None - $200	P

Name John J LaFalce | **Page** 4 of 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Fidelity Pacific Basin	$1 001 - $15,000	-	None - $200	P
				-
BACHE				
AT&T	None	Dividends	None - $200	S
Healthcare Compare	None	Capital Gains	$5,001 - $15,000	S
Merck	None	Capital Gains and Dividends	$201 - $1 000	S
Chile Fund	None	Capital Gains	$2 501 - $5 000	S
Motorola	None	Capital Gains and Dividends	$2,501 - $5,000	S
Philip Morris	None	Capital Gains and Dividends	$2 501 - $5 000	S
Home Depot	$1,001 - $15 000	Dividends	None - $200	NA
Money Market Assets	$15,001 - $50,000	Dividends	$1,001 - $2 500	NA
Neostar Retail Group	$1,001 - $15 000		None - $200	NA
Czech Republic Fund	None		None - $200	P
-- Czech Republic Fund				S
LTV Corporation	None		None - $200	P
--LTV Corporation				S
Gibraltar	$1,001 - $15,000		None - $200	P
Georgia Pacific	$1,001 - $15 000	Dividends	$201 - $1,000	P
-- Georgia Pacific				S
Garden Fresh Restaurants	$1,001 - $15,000		None - $200	P
Carrington Labs	$15 001 - $50 000		None - $200	P
CNS Inc	None		None - $200	P
---CNS Inc				S
Grancare	$1,001 - $15,000		None - $200	P

Name John J LaFalce | **Page** 5 **of** 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

MERRILL LYNCH (1)				
Alza TTS Rsch Partnership	None	Partnership Income	None - $200	NA
ML Convertible Holdings	None	Capital Gains	$2,501 - $5,000	S
Latin American Equity Fund	None		None - $200	S
Mark IV	$1,001 - $15,000	Dividends	None - $200	NA
Physician Corp of America	None	Capital Gains	$201 - $1,000	S
ML Internat'l Equity Fd -Cl B	None	Capital Gains	$1,001 - $2,500	S
ML Developing Capital Markets - Cl A	None	Dividends	$201 - $1,000	S
Emerging Tigers Fund	None		None - $200	S
AT&T	None	Dividends	$201 - $1,000	S
Computer Associates	None	Capital Gains and Dividends	$15,001 - $50,000	S
Home Depot	$15,001 - $50,000	Dividends	None - $200	NA
US Healthcare	$1,001 - $15,000	Dividends	$201 - $1,000	NA
ML Latin Amer - Class B	None		None - $200	S
Neostar	None	Capital Gains	$5,001 - $15,000	S
Autoliv	$15,001 - $50,000	Dividends	None - $200	NA
Gibraltar Steel	$1,001 - $15,000		None - $200	NA
Global Health Science Fund	$15,001 - $50,000		None - $200	P
Nextel	None	Capital Gains	$1,001 - $2,500	P
Nextel				S
YPF	$15,001 - $50,000	Dividends	$201 - $1,000	P
Neostar	$1,001 - $15,000		None - $200	P
CNS Inc	$1,001 - $15,000		None - $200	P

Name John [illegible] Page [illegible] of [illegible]

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

[illegible]	$15,001 - $50,000		None - $200	P
[illegible]	$1,001 - $15,000		None - $200	P
[illegible]	None	Dividends	None - $200	P
[illegible]				S
[illegible]	$15,001 - $50,000		None - $200	P
ML Global Allocation B	$15,001 - $50,000		None - $200	P
ML Eurofund B	$1,001 - $15,000		None - $200	P
ML Pacific Fund B	$1,001 - $15,000		None - $200	P
MERRILL LYNCH - 2				
ML International Equity Fund [illegible]	None	Capital Gains	$201 - $1,000	S
ML Latin Amer. Class B	None		None - $200	P
ML Latin Amer. Class B				S
[illegible]	None	Capital Gains and Dividends	$5,001 - $15,000	S
ML Global Reserves Trust B	None	Capital Gains	$201 - $1,000	S
[illegible]	None	Capital Gains	$15,001 - $50,000	P
[illegible]				S
Biogen	$15,001 - $50,000		None - $200	P
Fiserv	$1,001 - $15,000		None - $200	P
ML Global Allocation B	$15,001 - $50,000		None - $200	P
Cash Management M[illegible], Mk	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
MERRILL LYNCH - 3				

Name John J LaFalce **Page** 7 **of** 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Ero, Inc	None		None - $200	S
ML Dragon Fund - B	$15,001 - $50,000	Dividends	$201 - $1,000	S
ML Developing Capital Mkts Fund - Cl A	$15,001 - $50,000	Dividends	$201 - $1,000	S
USAir Group	None		None - $200	S
Garden Fresh Restaurants	$1,001 - $15,000		None - $200	P
Grancare	$1,001 - $15,000		None - $200	P
Retirement Reserves	None - $1,000	Dividends	$201 - $1,000	NA
SMITH BARNEY				
Healthplan Services	$1,001 - $15,000	Capital Gains	$5,001 - $15,000	P
------Healthplan Services				S
Grancare	$15,001 - $50,000		None - $200	P
Colonial Manor Condo, West Seneca, NY	$15,001 - $50,000	Rent	$2,501 - $5,000	NA
M & T Bank Savings Account	$50,001 - $100,000	Interest	$1,001 - $2,500	NA
Cong Federal Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	NA

Name John J. LaFalce **Page** 8 **of** 14

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	U.S. Cellular	Sold	3-27-95	$15,001 - $50,000
	Health Care Compare	Sold	3-29-95	$15,001 - $50,000
	Gibraltar Steel	Purchase	6-22-95	$1,001 - $15,000
	Sensormatic Electronics	Purchase	7-12-95	$1,001 - $15,000
	Sensormatic Electronics	Sold	12-18-95	$1,001 - $15,000
	Grancare	Purchase	7-19-95	$15,001 - $50,000
	Neostar	Purchase	12-18-95	$1,001 - $15,000
	[illegible] Fund	Sold	2-16-95	$1,001 - $15,000
	Northern Telecom	Sold	1-27-95	$1,001 - $15,000
	Ero Inc	Sold	8-3-95	$1,001 - $15,000
	DW Pacific Growth Fund	Sold	8/4/95 / 10-19-95	$1,001 - $15,000
	Computer Associates	Sold	3-27-95	$1,001 - $15,000
	MCI Communications	Purchase	1-31-95	$1,001 - $15,000
	MCI Communications	Sold	5-2-95	$1,001 - $15,000
	Gibraltar Steel	Purchase	3-31-95	$1,001 - $15,000
	Transcor Waste Services	Purchase	5-2-95	$1,001 - $15,000
	Transcor Waste Services	Sold	7-25-95	$1,001 - $15,000
	Lear Seating	Purchase	7-26-95	$1,001 - $15,000
	Grancare	Purchase	8-3-95	$15,001 - $50,000
	Healthplan Services	Purchase	10-18-95	$15,001 - $50,000

Name John J. LaFalce	**Page** 9 of 14

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Fidelity Emerging Markets	Sold	12-18-95	$1,001 - $15,000
	Fidelity Latin American Fund	Sold	12-18-95	$1,001 - $15,000
	Fidelity Southeast Asia Fund	Sold	12-18-95	$1,001 - $15,000
	Fidelity Overseas Fund	Purchase	12-18-95	$1,001 - $15,000
	Fidelity Pacific Basin	Purchase	12-18-95	$1,001 - $15,000
	AT&T	Sold	7-28-95	$1,001 - $15,000
	Health Care Compare	Sold	3-27-95	$1,001 - $15,000
	Merck	Sold	3-27-95	$1,001 - $15,000
	Chile Fund	Sold	2-16-95	$15,001 - $50,000
	Motorola	Sold	3-27-95	$1,001 - $15,000
	Philip Morris	Sold	3-27-95	$1,001 - $15,000
	Czech Republic Fund	Purchase	3-28-95	$1,001 - $15,000
	Czech Republic Fund	Sold	8-3-95	$1,001 - $15,000
	LTV Corporation	Purchase	3-31-95	$15,001 - $50,000
	LTV Corporation	Sold	12-21-95	$1,001 - $15,000
	Gibralter Steel	Purchase	3-31-95	$1,001 - $15,000
	Georgia Pacific	Purchase	5-2-95	$15,001 - $50,000
	Georgia Pacific	Sold	12-28-95	$1,001 - $15,000
	Garden Fresh Restaurants	Purchase	7-18-95	$1,001 - $15,000
	Carrington Labs	Purchase	7-18-95	$1,001 - $15,000

Name John J LaFalce

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SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale or exchange by you, your spouse or dependent child during the reporting year of any real property stocks, bonds commodities futures or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence unless it is rented out For further information see Instructions pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	CNS Inc	Purchase	7-18-95	$1,001 $15,000
	CNS, Inc	Sold	12-21-95	$1,001 - $15,000
	Grancare	Purchase	8-3-95	$15,001 - $50,000
	ML Convertible Holdings	Sold	7-26 95	$1,001 - $15,000
	Latin American Equity Fund	Sold	3-9-95	$1,001 - $15,000
	Physicians [illegible] of America	Sold	3-23-95	$1,001 - $15,000
	ML International Equity Fd -Cl B	Sold	12-26 95	$1,001 - $15,000
	ML Developing Capital Markets	Sold	12-26-95	$15,001 - $50,000
	Emerging Tigers Fund	Sold	3-6-95	$1,001 - $15,000
	AT&T	Sold	7-26-95	$15,001 - $50 000
	Computer Associates	Sold	3-27-95/ 5-5-95	$15,001 - $50 000
	ML Latin Amer - Class B	Sold	12-28-95	$1,001 $15,000
	Neostar	Purchase	4-6-95 /12-18-95	$15,001 - $50,000
	Neostar	Sold	10-9-95	$15,001 - $50,000
	Global Health Sciences Fund	Purchase	3 6-95	$1,001 - $15,000
	Nextel	Purchase	3-8 95	$1,001 - $15,000
	Nextel	Sold	4-6-95	$15,001 - $50 000
	YPF	Purchase	3-27-95	$15,001 - $50,000
	CNS, Inc	Purchase	7-11-95	$1,001 - $15,000
	Health Care Compare	Purchase	7-19-95	$15,001 - $50,000
	Grancare	Purchase	7-19-95	$15 001 - $50 000

Name John J. LaFalce | **Page** 11 of 14

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Boeing	Purchase	7-26-95	$15,001 - $50,000
	Boeing	Purchase	10-27-95	$15,001 - $50,000
	Healthplan Services	Purchase	10-8-95	$15,001 - $50,000
	ML Global Allocation	Purchase	12-26-95	$15,001 - $50,000
	ML Eurofund B	Purchase	12-26-95	$1,001 - $15,000
	ML Pacific B	Purchase	12-28-95	$1,001 - $15,000
	ML International Equity	Sold	12-26-95	$1,001 - $15,000
	ML Latin Amer B	Purchase	7-11-95	$1,001 - $15,000
	ML Latin Amer B	Sold	12-16-95	$15,001 - $50,000
	Paychex	Sold	3-27-95	$15,001 - $50,000
	ML Global Reserves Trust B	Sold	7-11-95	$1,001 - $15,000
	Chiron	Purchase	3-27-95	$15,001 - $50,000
	Chiron	Sold	9-20-95	$15,001 - $50,000
	Biogen	Purchase	9-20-95	$15,001 - $50,000
	Fiserv	Purchase	9-20-95	$1,001 - $15,000
	ML Global Allocation	Purchase	12-26-95	$15,001 - $50,000
	Ero, Inc	Purchase	8-3-95	$15,001 - $50,000

Name John J LaFalce **Page** 12 of 14

SCHEDULE IV -- TRANSACTIONS

Report any purchase sale or exchange by you your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1 000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse or your dependent child, or the purchase or sale of your personal residence unless it is rented out For further information, see Instructions pages 20-21

SP,DC JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	USAir Group	Sold	3-27-95	$1,001 - $15,000
	Garden Fresh Restaurants	Purchase	7-18-95	$15 001 - $50 000
	Grancare	Purchase	8-3-95	$1,001 - $15,000
	Healthplan Services	Purchase	5-19-95	$15 001 - $50,000
	Healthplan Services	Sold	8-3-95	$15,001 - $50,000
	Grancare	Purchase	8-3-95	$15,001 - $50,000
	Healthplan Services	Purchase	10-12-95	$1,001 - $15,000

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SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor Exclude Travel related expenses provided by federal state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342) travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information see Instructions, pages 24-25

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Hill and Knowlton	4/14 (arrive 4/15) - 4/18	Buffalo, NY - Prague - Dresden,Germany	Y	Y	Y	N
Congressional Study Group on Germany	4/18 - 4/23	Dresden Germany - Buffalo, NY	Y	Y	Y	N
American Council of State Savings Supervisors	6/18 6/19	Buffalo, NY - Boston - Buffalo NY	N	N	N	N
The Aspen Institute	8/13 - 8/16	Buffalo, NY- Quebec City - Buffalo, NY	Y	Y	Y	N
Transatlantic Conference	8/20 - 8/24	Buffalo, NY - Dublin - Buffalo, NY	Y	Y	N	N
United Steelworkers	8/28	Buffalo NY - Boston - Buffalo NY	N	Y	N	N
KeyBank	10/2 10/3	Buffalo, NY- Cleveland - Buffalo NY	Y	Y	N	N

Name John J LaFalce

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SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Trustee	Rev A Joseph Bissonette Memorial Foundation
Trustee	Canisius College

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

The Honorable Ray H. LaHood
(Full Name)

329 Cannon House Office Building, Wash. DC 20515
(Mailing Address)

(202) 225-6201
Daytime Telephone

MC (Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives State IL District 18	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐		VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐		VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐		VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐		IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6 §104)

SIGNATURE OF REPORTING INDIVIDUAL

May 14, 1996
DATE (Month/Day/Year)

Name HON. RAY LAHOOD

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	First of America Trust Co., Peoria, IL	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name HON. RAY LAHOOD

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SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples Association of American Associations Wash D C	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug 13, 1994	$500
Illinois Central College Educational Fund	Speech	May 14, 1995	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name HON. RAY LAHOOD	**Page** 4 **of** 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	American Classic Voyager		x										None – acquired 12-18-95																
	100 Shares of Stock																												

For additional assets and unearned income, use next page.

Name HON. RAY LAHOOD

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	American Classic Voyager	X			12-18-95	X									

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Name	HON. RAY LAHOOD	Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Magna Bank, Peoria, Illinois	Student Loan	X									
JT	Morton Community Bank, Morton, IL	Student Loan		X								
JT	Loan Servicing Center (Sallie Mae)	Student Loan			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name

Page 7 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash, D.C.—Chicago—Wash, D.C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash, D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Hariri Foundation, Wash DC	*Apr. 16-27, 1995	Peoria, IL--Beirut, Lebanon--Peoria, IL	N	N	Y	Y

*Air travel was paid by The Hariri Foundation, a private,non-profit foundation -- to conduct privately sponsored fact-finding activities intended for educational purposes directly related to official duties. In country, such as lodging and meals,were provided by the government, therefore, the seven day limit does not apply. The appropriate Foreign Gift and Decorations form was filed within 30 days of my return.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 3:31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(8)

Thomas Peter Lantos
(Full Name)

2217 Rayburn HOB, Washington, DC 20515
(Mailing Address)

(202) 225-3531
Daytime Telephone

MC HAND DELIVERED
(Office Use Only)

Filer Status ☒ Member of the U.S. House of Representatives State: CA District: 12 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Thomas P. Lantos

15 May 1995
DATE (Month/Day/Year)

Name Thomas Peter Lantos

Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	California Teachers Association	Pension	$12,570
	State of California Public Systems	Pension	$11,565

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas Peter Lantos

Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NROTC, University of California, Berkeley	Speech	April 14, 1995	$2,000
	Same	Speech	April 14, 1995	$2,000
	Same	Speech	April 14, 1995	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas Peter Lantos

Page 4 of 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP	*Examples* SP Mega Corp. Stock				X								X							X									P
DC	123 Main St. Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Merrill Lynch Cash Mngmt Acct				X								X									X							
JT	Keogh Retire. Acct. Merrill Lynch						X												X										
	IRA (self)--Merrill Lynch				X														X										
	IRA (spouse)--Merrill Lynch			X															X										
JT	1233 Southdown Road Hillsborough, CA 94010							X						X										X					
SP	210 Justice Court Washington, DC 20002					X								X									X						

For additional assets and unearned Income, use next page

SCHEDULE IV — TRANSACTIONS

Name Thomas Peter Lantos	Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example*	Mega Corporation Common Stock	X			10–12–95		X								
	None															

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Name Thomas Peter Lantos	Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor for *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example | First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example | Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Thomas Peter Lantos

Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Brigham Young University	3/5-3/6/95	Washington, DC, to Salt Lake City, Utah, to Washington, DC.	Y	Y	Y	N
	AIPAC, Los Angeles, CA	6/17-19/95	Washington, DC, to Los Angeles, CA, to Washington, DC.	Y	Y	Y	N
	Communications Workers of America, Orange County, CA	7/10/95	Manchester, NH, to Orange County, CA, to Washington, DC.	N	Y	Y	N
	Intnl. Management & Development Inst., Wash., DC	8/10-8/31/95	San Francisco, CA, to Moscow to St. Petersburg, Russia, to Washington, DC.	Y	Y	Y	14 days
	World Jewish Congress, Brussels, Belgium	9/9-9/13/95	Washington, DC, to Brussels, Belgium, to Washington, DC.	Y	Y	Y	N

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Name Thomas Peter Lantos	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
None		

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

RECEIVED
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96 MAY 17 AM 9:44
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U.S. HOUSE OF REPRESENTATIVES

MC MAY 14 1996 (23)

Office Use Only

Stephen Michael Largent
Full Name

[illegible] S. Louisville, Tulsa, OK 74136
Mailing Address

(918) 492-0881
Office Telephone

Accountant to contact: Steve Joy (918) 492-0106

Filer Status: ☒ Member of the U.S. House of Representatives State: OK District: 1st ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI. Yes ☒ No ☐

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursement for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX Yes ☒ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Steve M. Largent

DATE (Month/Day/Year) 5/13/96

Name Stephen Michael Largent	Page 1 of 22

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Sara Lee Knit Products - Note 1	Marketing Consultant	$39,000
	White NFLPA Settlement Plan B - Note 1	Litigation Settlement	$12,736
	Pro Football Hall of Fame	Endorsements & Royalties	$ 2,750
	NOTE 1 - Deferred income earned prior to election to House of Representatives. Not subject to earned income limitations.		

For payments to charity in lieu of honoraria, use Schedule II.

1984

Name Stephen Michael Largent

Page 2 of 22

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and /or Income Source	BLOCK B Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E TRANSACTION
	A None - $1000	B $1001 - $15000	C $15001 - $50000	D $50001 - $100000	E $100001 - $250000	F $250001 - $500000	G $500001 - $1000000	H $1000001 - $5000000	I $5000001 - $25000000	J $25000000 - $50000000	K OVER $50000000	Dividends	Rent	Interest	Capital Gains	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I NONE - $200	II $201 - $1000	III $1001 - $2500	IV $2501 - $5000	V $5001 - $15000	VI $15001 - $50000	VII $50001 - $100000	VIII $100001 - $1000000	IX $1000000 - $5000000	X Over $5000000	
Merrill Lynch CMA				X								X										X						
Fidelity Money Market Fund				X										X						X								
American Bank and Trust		X												X				X										
St Anthony's Hospital Series A Bond				X										X						X								
Puerto Rico Municipal Bond				X										X							X							
Oklahoma Ind Fin Authority				X										X							X							
Trinity River Texas Regl	X													X	X						X							S
Exxon Stock		X										X							X									
CIFRA S.A.			X									X						X										
Home Depot Inc.		X										X						X										
Sara Lee Corp		X										X						X										
Wal Mart Stores Inc.		X										X						X										
Note receivable, Largent for Congress	X													X							X							
Congressional Federal Credit Union			X											X							X							S
Note Receivable, Ray Tedford				X										X							X							
Wells I Ltd Partnership		X											X					X										
Concord Ltd					X								X					X										
Kings River Ranch, Partnership Note Rec			X											X						X								
CNL II Ltd Partnerhip			X										X	X						X								
CNL VI Ltd Partnerhip			X										X	X						X								
Eagle Ridge Ltd Partnership			X										X	X				X										
Headington Oil Ltd Partnership			X										X							X								
Numismatic Coins			X												X			X										
Gold & Silver				X											X			X										
Proactive Solutions				X											X			X										

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Name Stephen Michael Largent

Page 3 of 22

BLOCK A Asset and /or Income Source	BLOCK B Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E TRANSACTION
	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	
Northcreek Investment Ltd. Partnership				X									X										X					
Mutual Series Inc. IRA			X									X								X								
Mutual Series Inc. IRA			X									X								X								
Bert Bell NFL Retirement Plan					X													X										
Capital World Growth & Income Fund			X									X			X					X								
Merrill Lynch International Equity Fund			X									X			X				X									
Capital Income Builder fund			X									X			X				X									
AIM Charter Fund			X									X			X				X									
Merrill Lunch Floating Rate fund					X							X			X							X						
Smallcapital World fund			X									X			X				X									
Templeton Developing Markets Fund			X									X			X				X									
Alliance North American Govrnmnt Fund			X									X								X								
Templeton Smaller Company Fund			X									X			X				X									
Russell Equity I Fund						X						X			X								X					
Russell Equity II Fund					X							X			X									X				
Russell Equity Q Fund					X							X			X								X					
Russell Fixed Income I Fund						X						X			X								X					
Russell Fixed Income III Fund						X						X											X					
Russell Limited Volatility Bd. Fund					X							X			X									X				
Russell International Fund					X							X			X							X						
Russell Emerging Markets Fund				X								X			X				X									
Russell Real Estate Sec Fund					X							X			X							X						
Russell Tax-Free Money Market Fund			X									X								X								
One Glen Lakes, Ltd			X										X	X					X									
Lake Stella Associates, Ltd	X												X	X				X										

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BLOCK A Asset and /or Income Source	BLOCK B Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E TRANSACTION
	A None - $1000	B $1001 - 15000	C $15001 - 50000	D $50001 - $100000	E $100001 - $250000	F $250001 - $500000	G $500001 - $1000000	H $1000001 - $5000000	I $5000001 - $25000000	J $25000001 - $50000000	K Over $50000000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	I None - $200	II $201 - $1000	III $1001 - $2500	IV $2501 - $5000	V $5001 - $15000	VI $15001 - $50000	VII $50001 - $100000	VIII $100001 - $1000000	IX $1000001 - $5000000	X Over $5000000	
Russell Equity II		X										X			X							X						P
Russell Equity I			X									X			X					X								
Russell Equity Q			X									X			X					X								
Russell Fixed Income I			X									X			X					X								
Russell Fixed Income III			X									X								X								
Russell Limited Volatility Bond			X									X			X							X						
Russell International			X									X			X				X									
Russell Emerging Markets		X										X			X				X									
Russell Real Estate Sec		X										X			X				X									
Russell Tax Free Money Market		X										X							X									
Merrill Lynch CMA		X										X			X			X										
CNL Income Fund II		X											X	X						X								
Vanguard GNMA Fund		X										X			X				X									
Russell Mutual Shares Fund		X										X			X					X								
Vanguard Wellington Fund				X								X			X						X							
Merrill Lynch Retirement Reserves	X											X						X										E
Merrill Lynch Muniyield Fund Inc			X									X			X						X							

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT	Trinity River Texas Reg 1 Bond		X		6-7-95			X							
JT	Congressional Federal Credit Union	X			VARIOUS		X								
JT	One Glen Lakes, Ltd.	X			8-1-95		X								
JT	Russell Funds - See Attached	X	X	X	VARIOUS				X						
DC	Russell Funds - See Attached	X	X	X	VARIOUS				X						

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Trade Date	Shares	Price	Total Cash Flow	Invested Capital
EQUITY I				
* Exch Redemption				
3/08/95	-1,130.158	24.14	-27,282.02	-27,282.02
ST Gain Reinv				
2/17/95	29.575	24.13	713.65	0.00
12/14/95	280.972	27.96	7,855.98	0.00
	310.547		8,569.63	0.00
Income Reinvest				
4/04/95	51.166	25.12	1,285.29	0.00
7/05/95	38.442	27.43	1,054.46	0.00
10/03/95	31.701	29.31	929.15	0.00
12/14/95	36.420	27.96	1,018.29	0.00
	157.729		4,287.19	0.00
LT Gain Reinv				
2/17/95	78.665	24.13	1,898.18	0.00
12/14/95	524.848	27.96	14,674.76	0.00
	603.513		16,572.94	0.00
	-58.369		2,147.74	-27,282.02
EQUITY II				
* Exch Purchase				
3/08/95	374.926	25.54	9,575.60	9,575.60
3/08/95	1,551.471	25.54	39,624.57	39,624.57
	1,926.397		49,200.17	49,200.17
ST Gain Reinv				
12/14/95	157.572	28.37	4,470.31	0.00
Income Reinvest				
2/17/95	2.791	25.56	71.34	0.00
4/04/95	15.107	26.09	394.14	0.00
7/05/95	9.523	28.40	270.46	0.00
10/03/95	6.162	30.50	187.94	0.00
12/14/95	4.446	28.37	126.14	0.00
	38.029		1,050.02	0.00
LT Gain Reinv				
12/14/95	236.365	28.37	6,705.67	0.00
	2,358.363		61,426.17	49,200.17

Trade Date	Shares	Price	Total Cash Flow	Invested Capital
EMERGING MARKETS				
* Exch Purchase				
3/08/95	948.032	10.21	9,679.41	9,679.41
Income Reinvest				
12/14/95	19.034	10.96	208.61	0.00
LT Gain Reinv				
2/17/95	12.103	10.90	131.92	0.00
	979.169		10,019.94	9,679.41
EQUITY O				
* Exch Redemption				
3/08/95	-374.632	25.56	-9,575.60	-9,575.60
3/08/95	-874.370	25.56	-22,348.90	-22,348.90
	-1,249.002		-31,924.50	-31,924.50
ST Gain Reinv				
2/17/95	2.828	25.56	72.28	0.00
12/14/95	216.320	30.29	6,552.32	0.00
	219.148		6,624.60	0.00
Income Reinvest				
2/17/95	0.759	25.56	19.39	0.00
4/04/95	49.926	26.57	1,326.54	0.00
7/05/95	39.766	28.89	1,148.85	0.00
10/03/95	32.776	31.10	1,019.34	0.00
12/14/95	37.670	30.29	1,141.02	0.00
	160.897		4,655.14	0.00
LT Gain Reinv				
2/17/95	80.836	25.56	2,066.17	0.00
12/14/95	371.464	30.29	11,251.65	0.00
	452.300		13,317.82	0.00
	-416.657		-7,326.94	-31,924.50
FIXED INCOME I				
* Exch Redemption				
3/08/95	-614.237	20.33	-12,487.43	-12,487.43
3/08/95	-830.911	20.33	-16,892.43	-16,892.43
3/08/95	-768.083	20.33	-15,615.12	-15,615.12
3/08/95	-476.115	20.33	-9,679.41	-9,679.41
	-2,689.346		-54,674.39	-54,674.39

Trade Date	Shares	Price	Total Cash Flow	Invested Capital
Income Reinvest				
2/17/95	17.500	20.18	353.14	0.00
4/04/95	271.469	20.25	5,497.24	0.00
7/05/95	256.137	21.00	5,378.87	0.00
10/03/95	239.253	21.08	5,043.46	0.00
12/14/95	250.316	21.38	5,351.76	0.00
	1,034.675		21,624.47	0.00
	-1,654.671		-33,049.92	-54,674.39
FIXED INCOME III				
* Exch Purchase				
3/08/95	1,759.628	9.60	16,892.43	16,892.43
Income Reinvest				
2/17/95	14.261	9.58	136.62	0.00
4/04/95	454.134	9.61	4,364.23	0.00
7/05/95	404.875	9.99	4,044.70	0.00
10/03/95	371.981	10.08	3,749.57	0.00
12/14/95	399.958	10.23	4,091.57	0.00
	1,645.209		16,386.69	0.00
	3,404.837		33,279.12	16,892.43
INTERNATIONAL				
* Exch Purchase				
3/08/95	271.909	33.12	9,005.62	9,005.62
3/08/95	377.036	33.12	12,487.43	12,487.43
	648.945		21,493.05	21,493.05
Income Reinvest				
2/17/95	12.121	33.02	400.25	0.00
12/14/95	115.813	35.74	4,139.16	0.00
	127.934		4,539.41	0.00
LT Gain Reinv				
2/17/95	1.585	33.02	52.33	0.00
12/14/95	166.973	35.74	5,967.60	0.00
	168.558		6,019.93	0.00
	945.437		32,052.39	21,493.05
LIMITED VOLATILITY BD.				
* Exch Purchase				
3/08/95	1,080.179	20.69	22,348.90	22,348.90
3/08/95	1,318.609	20.69	27,282.02	27,282.02

1991

Trade Date	Shares	Price	Total Cash Flow	Invested Capital
Income Reinvest				
2/02/95	27.029	20.56	555.72	0.00
3/02/95	29.167	20.73	604.63	0.00
4/04/95	28.179	20.79	585.85	0.00
5/02/95	32.924	20.78	684.16	0.00
6/02/95	33.229	21.09	700.80	0.00
7/05/95	33.840	20.99	710.31	0.00
8/02/95	34.101	21.05	717.82	0.00
9/05/95	33.639	21.13	710.80	0.00
10/03/95	34.324	21.08	723.55	0.00
11/02/95	33.396	21.14	705.99	0.00
12/04/95	33.180	21.25	705.08	0.00
12/14/95	32.875	21.13	694.64	0.00
	385.883		8,099.35	0.00
	2,784.671		57,730.27	49,630.92
REAL ESTATE SEC.				
* **Exch Redemption**				
3/08/95	-413.671	21.77	-9,005.62	-9,005.62
3/08/95	-1,820.146	21.77	-39,624.57	-39,624.57
	-2,233.817		-48,630.19	-48,630.19
Income Reinvest				
2/17/95	13.884	21.63	300.31	0.00
4/04/95	73.653	21.61	1,591.65	0.00
7/05/95	78.618	22.28	1,751.61	0.00
10/03/95	71.541	22.98	1,644.01	0.00
12/14/95	96.269	23.09	2,222.86	0.00
	333.965		7,510.44	0.00
LT Gain Reinv				
2/17/95	0.035	21.63	0.75	0.00
	-1,899.817		-41,119.00	-48,630.19
TAX-FREE MONEY MARKET				
* **Exch Purchase**				
3/08/95	15,615.120	1.00	15,615.12	15,615.12
Fee Redemption				
1/04/95	-2,317.000	1.00	-2,317.00	0.00
1/04/95	-3,282.000	1.00	-3,282.00	0.00
4/05/95	-473.000	1.00	-473.00	0.00
4/05/95	-3,244.000	1.00	-3,244.00	0.00
7/06/95	-559.000	1.00	-559.00	0.00
7/06/95	-3,501.000	1.00	-3,501.00	0.00
10/04/95	-587.000	1.00	-587.00	0.00
10/04/95	-3,632.000	1.00	-3,632.00	0.00

Trade Date	Shares	Price	Total Cash Flow	Invested Capital
Income Reinvest				
1/31/95	53.910	1.00	53.91	0.00
2/28/95	49.100	1.00	49.10	0.00
3/31/95	93.420	1.00	93.42	0.00
4/28/95	96.390	1.00	96.39	0.00
5/31/95	99.990	1.00	99.99	0.00
6/30/95	87.920	1.00	87.92	0.00
7/31/95	78.120	1.00	78.12	0.00
8/31/95	77.640	1.00	77.64	0.00
9/29/95	74.610	1.00	74.61	0.00
10/31/95	64.810	1.00	64.81	0.00
11/30/95	61.580	1.00	61.58	0.00
12/29/95	67.700	1.00	67.70	0.00
	905.190		905.19	0.00
	-1,074.690		-1,074.69	15,615.12
	5,368.273		114,085.08	0.00

1993

Trade Date	Shares	Price	Total Cash Flow	Invested Capital
EQUITY I				
* **Exch Redemption**				
3/08/95	-24.000	24.14	-579.36	-579.36
ST Gain Reinv				
2/17/95	1.915	24.13	46.21	0.00
12/14/95	19.899	27.96	556.39	0.00
	21.814		602.60	0.00
Income Reinvest				
4/04/95	3.624	25.12	91.03	0.00
7/05/95	2.723	27.43	74.68	0.00
10/03/95	2.245	29.31	65.81	0.00
12/14/95	2.579	27.96	72.12	0.00
	11.171		303.64	0.00
LT Gain Reinv				
2/17/95	5.094	24.13	122.92	0.00
12/14/95	37.172	27.96	1,039.31	0.00
	42.266		1,162.23	0.00
	51.251		1,489.11	-579.36
EQUITY II				
* **Exch Purchase**				
3/08/95	102.807	25.54	2,625.68	2,625.68
3/08/95	37.464	25.54	956.84	956.84
3/08/95	34.228	25.54	874.18	874.18
3/08/95	22.684	25.54	579.36	579.36
	197.183		5,036.06	5,036.06
ST Gain Reinv				
12/14/95	8.119	28.37	230.35	0.00
Income Reinvest				
4/04/95	0.778	26.09	20.31	0.00
7/05/95	0.491	28.40	13.94	0.00
10/03/95	0.317	30.50	9.68	0.00
12/14/95	0.229	28.37	6.50	0.00
	1.815		50.43	0.00
LT Gain Reinv				
12/14/95	12.180	28.37	345.54	0.00
	219.297		5,662.38	5,036.06

Trade Date	Shares	Price	Total Cash Flow	Invested Capital
EMERGING MARKETS				
* Exch Purchase				
3/08/95	77.821	10.21	794.55	794.55
Income Reinvest				
12/14/95	1.472	10.96	16.13	0.00
LT Gain Reinv				
2/17/95	0.921	10.90	10.04	0.00
	80.214		820.72	794.55
EQUITY Q				
* Exch Redemption				
3/08/95	-37.435	25.56	-956.84	-956.84
ST Gain Reinv				
2/17/95	0.184	25.56	4.70	0.00
12/14/95	15.321	30.29	464.08	0.00
	15.505		468.78	0.00
Income Reinvest				
2/17/95	0.049	25.56	1.26	0.00
4/04/95	3.536	26.57	93.95	0.00
7/05/95	2.817	28.89	81.37	0.00
10/03/95	2.322	31.10	72.20	0.00
12/14/95	2.668	30.29	80.81	0.00
	11.392		329.59	0.00
LT Gain Reinv				
2/17/95	5.262	25.56	134.50	0.00
12/14/95	26.310	30.29	796.91	0.00
	31.572		931.41	0.00
	21.034		772.94	-956.84
FIXED INCOME I				
* Exch Redemption				
3/08/95	-155.316	20.33	-3,157.57	-3,157.57
3/08/95	-75.629	20.33	-1,537.54	-1,537.54
3/08/95	-39.083	20.33	-794.55	-794.55
3/08/95	-2.890	20.33	-58.76	-58.76
	-272.918		-5,548.42	-5,548.42

Trade Date	Shares	Price	Total Cash Flow	Invested Capital
Income Reinvest				
2/17/95	1.609	20.18	32.46	0.00
4/04/95	24.475	20.25	495.62	0.00
7/05/95	23.093	21.00	484.95	0.00
10/03/95	21.571	21.08	454.71	0.00
12/14/95	22.568	21.38	482.50	0.00
	93.316		1,950.24	0.00
	-179.602		-3,598.18	-5,548.42
FIXED INCOME III				
* Exch Purchase				
3/08/95	6.121	9.60	58.76	58.76
Income Reinvest				
2/17/95	0.931	9.58	8.92	0.00
4/04/95	27.573	9.61	264.98	0.00
7/05/95	24.583	9.99	245.58	0.00
10/03/95	22.585	10.08	227.66	0.00
12/14/95	24.284	10.23	248.43	0.00
	99.956		995.57	0.00
	106.077		1,054.33	58.76
INTERNATIONAL				
* Exch Redemption				
3/08/95	-26.394	33.12	-874.18	-874.18
Income Reinvest				
2/17/95	0.938	33.02	30.96	0.00
12/14/95	7.575	35.74	270.74	0.00
	8.513		301.70	0.00
LT Gain Reinv				
2/17/95	0.123	33.02	4.05	0.00
12/14/95	10.922	35.74	390.34	0.00
	11.045		394.39	0.00
	-6.836		-178.09	-874.18
LIMITED VOLATILITY BD.				
* Exch Purchase				
3/08/95	57.995	20.69	1,199.92	1,199.92
3/08/95	152.613	20.69	3,157.57	3,157.57
	210.608		4,357.49	4,357.49

Trade Date	Shares	Price	Total Cash Flow	Invested Capital
Income Reinvest				
2/02/95	3.470	20.56	71.34	0.00
3/02/95	3.744	20.73	77.62	0.00
4/04/95	3.350	20.79	69.65	0.00
5/02/95	3.914	20.78	81.34	0.00
6/02/95	3.951	21.09	83.32	0.00
7/05/95	4.023	20.99	84.45	0.00
8/02/95	4.054	21.05	85.34	0.00
9/05/95	4.000	21.13	84.51	0.00
10/03/95	4.081	21.08	86.02	0.00
11/02/95	3.970	21.14	83.93	0.00
12/04/95	3.945	21.25	83.83	0.00
12/14/95	3.908	21.13	82.58	0.00
	46.410		973.93	0.00
	257.018		5,331.42	4,357.49
REAL ESTATE SEC.				
* Exch Redemption				
3/08/95	-120.610	21.77	-2,625.68	-2,625.68
3/08/95	-55.118	21.77	-1,199.92	-1,199.92
	-175.728		-3,825.60	-3,825.60
Income Reinvest				
2/17/95	0.971	21.63	21.01	0.00
4/04/95	4.880	21.61	105.46	0.00
7/05/95	5.209	22.28	116.06	0.00
10/03/95	4.740	22.98	108.93	0.00
12/14/95	6.379	23.09	147.29	0.00
	22.179		498.75	0.00
LT Gain Reinv				
2/17/95	0.002	21.63	0.05	0.00
	-153.547		-3,326.80	-3,825.60
TAX-FREE MONEY MARKET				
* Exch Purchase				
3/08/95	1,537.540	1.00	1,537.54	1,537.54
Fed Redemption				
1/04/95	-159.000	1.00	-159.00	0.00
1/04/95	-249.000	1.00	-249.00	0.00
4/05/95	-37.000	1.00	-37.00	0.00
4/05/95	-256.000	1.00	-256.00	0.00
7/06/95	-41.000	1.00	-41.00	0.00
7/06/95	-270.000	1.00	-270.00	0.00
10/04/95	-42.000	1.00	-42.00	0.00
10/04/95	-279.000	1.00	-279.00	0.00

1997

Trade Date	Shares	Price	Total Cash Flow	Invested Capital
Income Reinvest				
1/31/95	3.150	1.00	3.15	0.00
2/28/95	2.840	1.00	2.84	0.00
3/31/95	6.940	1.00	6.94	0.00
4/28/95	7.430	1.00	7.43	0.00
5/31/95	7.700	1.00	7.70	0.00
6/30/95	6.770	1.00	6.77	0.00
7/31/95	6.020	1.00	6.02	0.00
8/31/95	5.990	1.00	5.99	0.00
9/29/95	5.750	1.00	5.75	0.00
10/31/95	5.010	1.00	5.01	0.00
11/30/95	4.760	1.00	4.76	0.00
12/29/95	5.230	1.00	5.23	0.00
	67.590		67.59	0.00
	272.130		272.13	1,537.54
	667.036		8,299.96	0.00

Name Stephen Michael Largent

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Pro Football Hall of Fame	Cost of travel, meals, hotel and other events	$10,377
	relating to induction to the Hall of Fame (see	
	attached)	

Use additional sheets if more space is required.

STEVE LARGENT
1st District, Oklahoma

Congress of the United States
House of Representatives
Washington, DC 20515-3601

June 6, 1995

Committee on Standards of Official Conduct
Nancy Johnson, Chairman
HT-2 Capitol
Washington, DC 20515

Dear Ms. Johnson,

On July 29, 1995, I will be inducted into the Pro Football Hall of Fame (PFHOF) In Canton, Ohio. The PFHOF will be paying for my expenses, along with my wife's, four children's, mother's, and stepfather's. The expenses include travel, hotel, and other events pertaining to the induction. It is standard policy for the PFHOF to pay all the expenses for the inductees and their immediate family members.

Listed on the following page is a breakdown of the expenses pertaining to the induction. According to the House Ethics Manual, if a member substantially participates in an event, the sponsor may pay for transportation, food, and lodging of the member and his/her spouse. By participating in the induction ceremony (which will include addressing the audience), I will be substantially participating in the event. I therefore request that the Committee find payment of expenses for my wife and me is not a gift from the PFHOF.

As also stated in the House Ethics Manual, waivers may be granted in exceptional circumstances "in cases where there is no potential conflict of interest or appearance of impropriety." The House Ethics Manual further states waivers are appropriate where the individual (in this case an organization) offering the gift has a "long-standing personal or social relationship with the member or employee, where it is clear that it is those relationships that are the motivating factors of the gift, rather that the fact of the individual's office or position in Congress."

In this situation, the expenses are being paid based on my long-standing relationship with the NFL, not my position as a Congressman. This is evidenced by the fact that they pay the expenses of all inductees and their families (see accompanying letter) regardless of their occupation or position. Accordingly, please consider granting a waiver as to the PFHOF payment of expenses for my children, mother, and stepfather.

Sincerely,

Steve Largent

Steve Largent
Member of Congress

SML:lah

Pro Football Hall of Fame
2121 GEORGE HALAS DRIVE, N.W./ CANTON, OHIO 44708
Phone: (216) 456-8207
FAX (216) 456-8175
LIBRARY FAX: (216) 456-9080

SCHEDULE VI - GIFTS

June 6, 1995

Committee on Standard of Official Conduct
HT-2 Capital
Washington, DC 20515

Attn: Chairman Nancy Johnson

Dear Chairman Johnson:

Please be advised that it has been a long time policy of the Pro Football Hall of Fame to pay for all expenses incurred by the newly elected Hall of Famers and their immediate family to come to Canton to receive their honor of induction.

Those expenses include, travel to and from Canton, tickets to all events, hotel accommodations, meals and any incidental expenses they may incur while here.

If you have any questions concerning this policy, please do not hesitate to let me know.

Sincerely,

John Bankert
John Bankert
Vice President/Operations

JB:to

FROM :PRO FOOTBALL HALL/FAME 216 456 8175 1995.06-06 16:43 #356 P.01/01

NANCY L. JOHNSON, CONNECTICUT
CHAIRMAN

JIM BUNNING, KENTUCKY
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO

THEODORE J. VAN DER MEID
CHIEF COUNSEL

ONE HUNDRED FOURTH CONGRESS

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515–6328

JIM McDERMOTT, WASHINGTON
RANKING DEMOCRATIC MEMBER

BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
ROBERT A. BORSKI, PENNSYLVANIA
THOMAS C. SAWYER, OHIO

SUITE HT-2, THE CAPITOL
(202) 225–7103

June 22, 1995

The Honorable Steve Largent
U.S. House of Representatives
410 Cannon House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of June 6, 1995, requesting a waiver of application of House Rule XLIII, clause 4, to the payment of travel, lodging, and entertainment expenses for children, mother, and stepfather when you are inducted into the Pro Football Hall of Fame. You and your family are being treated as everyone else is when so inducted.

House Rule XLIII, clause 4, provides that a Member, officer, or employee of the House of Representatives shall not accept, directly or indirectly, gifts aggregating more than $250 in a calendar year from any source other than a relative. The Committee is authorized to waive the limits of the rule in exceptional circumstances in response to a written request.

A special occasion such as induction into the Pro Football Hall of Fame is deemed to be an exceptional circumstance. Accordingly, on behalf of the Committee, we grant your request.

This letter applies only to the limits on acceptance of gifts in the above cited-rule. Section 102(a)(2)(A) of the Ethics in Government Act of 1978 (EIGA) requires that individuals who file Financial Disclosure Statements must report the source, a brief description, and the value of all gifts aggregating $250 or more in value from one source in a calendar year. If you also wish a waiver of the statutory reporting requirement, you should separately write to the Committee. Any such request will be made publicly available pursuant to section 102(a)(2)(C) of EIGA.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Nancy L. Johnson
Nancy L. Johnson
Chairman

Jim McDermott
Jim McDermott
Ranking Democratic Member

NLJ/JM:EWH

Name Stephen Michael Largent

Page 20 of 22

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Alliance Defense Fund	Feb 12-13	Tulsa - Nashville-D.C.	Y	Y	N	N
	Congressman John Ensign	Mar. 25	Tulsa - Las Vegas-Tulsa	N	Y	Y	N
	F.C.A.	Mar 7-8	D.C. - Tulsa - D.C.	N	Y	N	N
	Pro Football Hall of Fame	Feb 3-6	D.C.-Honolulu-D.C.	Y	Y	Y	N
	Cong. Newmann, Manzullo,	Apr.28-29	Tulsa-Milwaukee-	Y	Y	N	N
	Flanagan		Chicago-Tulsa				
	Cong. Pete Hockstra and	Jun 16-17	D.C.-Detroit-Chicago	Y	Y	N	N
	Cong. Dick Crysler		Tulsa-Flint City-Tulip City-Chicago				
	Cong. John Christensen	June 30	D.C.-Omaha-Rogers, AR	N	Y	N	N
	Cong. Zach Wamp	Jun 8-9	D.C.-Chattanoga-OK City	Y	Y	N	N
	Seattle Seahawks	Aug 7-13	Tulsa-Seattle-Tulsa	Y	Y	Y	N
	Cong. Barbara Cubin and	Nov 4-5	Tulsa-Laramie, WY-	Y	Y	N	N
	Cong. Helen Chenoweth		Boise, ID-Tulsa				
	Cong. Ed Bryant	Oct 5-6	Tulsa-Memphis-Tulsa	Y	Y	Y	N

This page may be copied if more space is required.

Name Stephen Michael Largent | Page 21 of 22

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

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	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash. D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Cong. Tim Hutchinson, Cong. Jay Dickey	Dec 1-3	Tulsa-Ft. Smith, AR- Little Rock, AR -Tulsa	Y	Y	Y	N

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Name Stephen Michael Largent **Page** 22 **of** 22

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1995	Screen Actor's Guild	Medical Insurance through 12-31-95

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

POSTMARK ILLEGIBLE

JAY&
ASSOCIATES, P.C.
Certified Public Accountants
4312 East 51st Street
PO Box 54550
Tulsa, Oklahoma 74155
(918) 492-0106
FAX (918) 496-8133

③

✓

MC

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June 7, 1996

THE CLERK, US HOUSE OF REP
LEGISLATIVE RESOURCE CTR
1036 LONGWORTH HOUSE BLDG
WASHINGTON DC 20515-6612

Dear Sir:

Attached please find an amended Schedule VII to replace original Schedule VII included in **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995** for:

Stephen Michael Largent
6150 S. Louisville
Tulsa, OK 74136

Three items were accidentally left off the original schedule. They are as follows:

Source	Dates
Marathon Oil Co.	Nov. 12-13
Florida Family Council	Nov. 17
Arthur Ashe Foundation	Aug. 26-27

Sincerely,

Stephen A. Jay,
Treasurer, Largent For Congress

Name Stephen Michael Largent

Page 20 of 22

AMENDED

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

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	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Alliance Defense Fund	Feb 12-13	Tulsa - Nashville-D.C.	Y	Y	N	N
	Congressman John Ensign	Mar. 25	Tulsa - Las Vegas-Tuls	N	Y	Y	N
	F.C.A.	Mar 7-8	D.C. - Tulsa - D.C.	N	Y	N	N
	Pro Football Hall of Fame	Feb 3-6	D.C.-Honolulu-D.C.	Y	Y	Y	N
	Cong. Newmann, Manzullo,	Apr.28-29	Tulsa-Milwaukee-	Y	Y	N	N
	Flanagan		Chicago-Tulsa				
	Cong. Pete Hockstra and	Jun 16-17	D.C.-Detroit-Chicago	Y	Y	N	N
	Cong. Dick Crysler		Tulsa-Flint City-Tulip City-Chicago				
	Cong. John Christensen	June 30	D.C.-Omaha-Rogers, AR	N	Y	N	N
	Cong. Zach Wamp	Jun 8-9	D.C.-Chattanoga-OK City	Y	Y	N	N
	Seattle Seahawks	Aug 7-13	Tulsa-Seattle-Tulsa	Y	Y	Y	N
	Cong. Barbara Cubin and	Nov 4-5	Tulsa-Laramie, WY-	Y	Y	N	N
	Cong. Helen Chenoweth		Boise, ID-Tulsa				
	Cong. Ed Bryant	Oct 5-6	Tulsa-Memphis-Tulsa	Y	Y	Y	N

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Name Stephen Michael Largent

Page 21 of 22

AMENDED

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

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Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash , D C —Chicago—Wash , D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
Cong. Tim Hutchinson,		Dec 1-3	Tulsa-Ft. Smith, AR-	Y	Y	Y	N
Cong. Jay Dickey			Little Rock, AR -Tulsa				
Marathon Oil Co.		Nov.12-13	Tulsa-Houston-Wash.,DC	Y	Y	N	N
Florida Family Council		Nov 17	Wash.,D.C.-Tampa- Wash.,D.C.	N	Y	N	N
Arthur Ashe Foundation (Aids Awareness)		Aug.26-27	Tulsa-NewYork-Tulsa	Y	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

THOMAS P. LATHAM
(Full Name)

178 180TH STREET
ALEXANDER, IOWA 50420
(Mailing Address)

Daytime Telephone: (515) 692-3599

MC (Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives State: IOWA District: 5TH	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	**Yes** ☒	**No** ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	**Yes** ☐	**No** ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	**Yes** ☒	**No** ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	**Yes** ☒	**No** ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	**Yes** ☒	**No** ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	**Yes** ☐	**No** ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	**Yes** ☒	**No** ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	**Yes** ☒	**No** ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	**Yes** ☐	**No** ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	**Yes** ☐	**No** ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	**Yes** ☐	**No** ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Thomas P. Latham

DATE (Month/Day/Year) 5-7-96

Name THOMAS P. LATHAM | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	LATHAM SEED COMPANY, ALEXANDER, IOWA	SALARY	$8,627

For payments to charity in lieu of honoraria, use Schedule II.

Name THOMAS P. LATHAM

Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples.* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	LATHAM SEED COMPANY, COMMON STOCK							X					TRADE OR BUSINESS													X			
	LATHAM KANAWHA FARM (80 ACRES) Partnership Interest (25%)			X									FARM INCOME								X								
	LATHAM HOSPITAL FARM (360 ACRES) Partnership Interest (25%)					X							FARM INCOME										X						
	LATHAM WRIGHT FARM (240 ACRES) Partnership Interest (20%)				X								FARM INCOME										X						
	FARM BUILDINGS Alexander, Iowa		X											X					X										
	LOOF INVESTMENT COMPANY Common Stock					X							X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS P. LATHAM

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	
	NATIONWIDE LIFE INSURANCE COMPANY ANNUITY CONTRACT, COLUMBUS, OHIO			X									Not applicable						Not applicable										
	401 (K) PENSION PLAN FRINGE BENEFITS DESIGN, INC.		X										Not applicable						Not applicable										
	INDIVIDUAL RETIREMENT ACCOUNT SMITH BARNEY		X										Not applicable						Not applicable										
	FIRST CITIZENS NATIONAL BANK CLARION, IOWA		X												X					X									
DC	FIRST CITIZENS NATIONAL BANK CLARION, IOWA		X												X					X									
DC	FIRST CITIZENS NATIONAL BANK CLARION, IOWA		X												X					X									
	PEOPLES TRUST & SAVINGS BANK GRAND JUNCTION, IOWA	X													X				X										
	NORTHWESTERN STATE BANK ORANGE CITY, IOWA					X									X								X						
	IOWA MUNICIPAL BONDS SMITH BARNEY INVESTMENT ACCOUNT				X										X							X							
	MUTUAL FUNDS - FIDELITY ADVISOR SMITH BARNEY INVESTMENT ACCOUNT					X							X									X							
	UNIT INVESTMENT TRUSTS SMITH BARNEY INVESTMENT ACCOUNT			X											X							X							

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Name THOMAS P. LATHAM

Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	UNIT INVESTMENT TRUST - PARTIAL REDEMPTION		X		12-15-95	X									
	UNIT INVESTMENT TRUST - PARTIAL REDEMPTION		X		12-26-95	X									
	MUTUAL FUNDS - FIDELITY ADVISOR - PURCHASE	X			MONTHLY DIV REINVESTMENT	X									
	NONBUSINESS NON DEBT GUARANTOR ON BANK LOAN - UNRELATED INDIVIDUAL		X		12-31-95	X									

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Name THOMAS P. LATHAM

Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	SMITH BARNEY	MARGIN LOAN-INVESTMENT ACCOUNT			X							
	NORTHWESTERN STATE BANK-ORANGE CITY, IOWA	CAMPAIGN LOAN - GUARANTOR				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name THOMAS P. LATHAM	Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash D C —Chicago--Wash , D C	N	N	N	N
Roycroft Corporation	Aug 6–13	Wash D C Los Angeles--Cleveland	Y	Y	Y	4 Days
HERITAGE TRAILS ASSOCIATION (SPEECH)	JUNE 9	WASH., DC-- OMAHA, NE	N	N	N	N
CHICAGO BOARD OF TRADE/CHICAGO MERCHANTILE - (FACT FINDING)	AUG. 20-21	DENVER, CO -- CHICAGO, IL-- DES MOINES, IA	Y	Y	N	N
AGRICULTURAL RETAILERS ASSOC. - (SPEECH)	DEC. 1-2	WASH., D.C.--ST. LOUIS, MO-MASON CITY, IA	Y	Y	N	N

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Name THOMAS P. LATHAM	**Page** 8 **of** 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
CONSULTANT	LATHAM SEED COMPANY
GENERAL PARTNER	LATHAM KANAWHA FARM
GENERAL PARTNER	LATHAM HOSPITAL FARM
GENERAL PARTNER	LATHAM WRIGHT FARM

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

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MC

(Office Use Only)

Steven C. LaTourette
(Full Name)

508 Longworth HOB, Washington, DC 20515
(Mailing Address)

202-225-5731
(Daytime Telephone)

Filer Status ☒ Member of the U.S. House of Representatives State Ohio District 19th ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6 §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/2/96

Name Steven C. LaTourette | Page 2 of 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Ohio	Deferred Compensation	$26,000
	State of Ohio - Public Employees Retirement System	Pension Disbursement	$44,000

For payments to charity in lieu of honoraria, use Schedule II.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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MC ②

Steven C. LaTourette
(Full Name)

1508 Longworth HOB, Washington, DC 20515
(Mailing Address)

202-225-5731
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives — State Ohio, District 19th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
5/2/96

Name Steven C. LaTourette

Page 2 of 2

SCHEDULE I — EARNED INCOME

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	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
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	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Ohio	Deferred Compensation	$26,000
	State of Ohio - Public Employees Retirement System	Pension Disbursement	$44,000

For payments to charity in lieu of honoraria, use Schedule II.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Gregory Haines Laughlin
(Full Name)

P.O. Box 504
West Columbia, TX 77486
(Mailing Address)

Daytime Telephone

MC HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U S House of Representatives	State Texas District 14th	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III Did you, your spouse or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

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SIGNATURE OF REPORTING INDIVIDUAL
Greg Laughlin

DATE (Month/Day/Year)
May 15, 1996

Name Gregory H. Laughlin

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Westgate Child Center, 1609 Great Falls St. McLean, VA 22102 (703) 893-6372.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Gregory Haines Laughlin	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb 2, 1994 Aug 13, 1994	$2,000 $500
	The Connell Company	Appearance	Jan. 30, 199[illegible]	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Gregory Haines Laughlin

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples. SP	Mega Corp. Stock				X								X							X									P
Examples.	123 Main St., Dover, Del							X						X											X				
Examples.	1st Bank of Paducah, KY accounts					X									X							X							
	Super 8 Motel		x																x										
	35% Interest-Damon Hwy, 13.66 Unimproved Acres				x									x								x							
	Partnership Interest		x																x										
	Plaza Partners		x																x										
	2 Lots, Brazoria County			x															x										
	Louisiana Street																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name Gregory H. Laughlin

Page 5 of 9

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Eugene Island, Inc.	x																	x										
	501 E. Bernard St., West Columbia					x								x									x						

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Name Gregory H. Laughlin

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	NONE														

This page may be copied if more space is required.

Name Gregory Haines Laughlin

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				x						
	Nations Bank, Louisville, Kentucky	501 East Bernard st. West Columbia, Texas			x							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name Gregory Haines Laughlin | Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Connell Company	Jan. 30	Wash. D.C.- Newark NJ Wash.D.C.	n	y	n	n
	US-FSU Energy Institute	Oct 24-25	Wash D.C. -NY. Wash D.C.	y	y	n	n
	Whitten and Diamond	Nov 19-20	Wash D.C. - Chicago Wash D.C.	y	y	y	n
	Dow Elanco	Nov 27	Wash D.C.- Indianapolis Wash D.C.	n	y	n	n

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Name Gregory Haines Laughlin

Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
Nov 1988	Mr. Wes Griggs	Oral agreement that I may return to the family law firm after leaving Congress.

GPO 1996 22-642 (mac)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Rick A. Lazio
(Full Name)

126 S. Windsor Avenue
Brightwaters, NY 11718
(Mailing Address)

516-893-9010
Daytime Telephone

MC HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U S House of Representatives — State District NY 2	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6 §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 10 1996

Name Rick A. Lazio Page 2 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source		Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
WASHINGTON FINANCIAL FORUM		Speech	Nov. 2, 1995	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rick A. Lazio

Page 3 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
Examples	123 Main St., Dover, Del							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	69 Holly WALK, FAIR Harbor, NY					X								X									X						
Ⓐ	501 South Seas Dr., Jupiter, Fla.					X													X										
Ⓑ	Colonial High Income Muni Trust			X									X								X								
Ⓑ	RHA NY Money FUND		X										X							X									
	Freeport - McMoRAN		X												X (K-1)				X										
	Alliance World Income Trust		X										X							X									

Ⓐ Undivided 50% Interest Owned Jointly As Tenants IN common Reporting value is At 100%

For additional assets and unearned income, use next page.

Ⓑ Combined for 1995. For 1994 AND Earlier. listed Separately.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rick A. Lazio

Page 4 of 7

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Paine Webber Global Income Fund A		X										X							X									
	Paine Webber Retirement Money Fund		X										X							X									
	PECO Energy [redacted] Co.		X										X							X									
	Puget Sound Power & Light Co.		X										X						X										
Ⓑ	Bank of New York			X											X					X									
	Congressional Federal Credit Union		X												X				X										
Ⓑ	Combined for 1995. For 1994 AND Earlier																												

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Name Rick A. Lazio | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, De				X						
(C)	First Federal Savings of the Palm Beaches (Fully Indemnified)	Mortgage on 501 South Seas Drive, Jupiter, Fla.		X								
(D)	Barbara Henry	Mortgage on 69 Holly Walk Dr., Fair Harbor, N.Y.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name RICK A. LAZIO

Page 6 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	Apr. 17-22	NY - St. Croix - NY	Y	Y	Y	N
	Ripon Society	Aug. 18-26	NY - Dublin, Ireland - NY	Y	Y	Y	N

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Name Rick A. Lazio	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
1-93	Suffolk County Retirement Plan - NYS Employes Retirement System	Presently all funds are not vested Vesting can be attained only if county or State service is resumed

GPO 1996 22-642 (mac)

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995	Form A For use by Members, officers, and employees

Congressman James A. Leach
(Full Name)
2186 Rayburn House Office Building
(Mailing Address)
Washington DC 20515
Daytime Telephone: 202.225.6576

Filer Status ☒ Member of the U.S. House of Representatives State: IA District: 01 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

(14)

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U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☐ No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL James Leach

DATE (Month/Day/Year) 5/15/96

Name Congressman James A. Leach | Page 2 of 14

SCHEDULE I -- EARNED INCOME

List the source type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse list the source and amount of any honoraria list only the source for other spouse earned income exceeding $1 000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N.A.		

For payments to charity in lieu of honoraria, use Schedule II.

Name Congressman James A. Leach | Page 3 of 14

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	N.A.			$

Name Congressman James A Leach **Page** 4 **of** 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, *Examples* Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC, *Examples* SP 123 Main St Dover, Del	$250,001 - $500 000	Rent	$1 001 - $2,500	
JT 1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Adel Wholesalers, Incorporated	$1,000,001 - $5,000,000	Dividends	$100,001 - $1,000,000	
Leach Family Farms, Inc	$250,001 - $500 000	Dividends	$15,001 - $50,000	
Mehta Tech	$100,001 - $250,000	Interest	$15,001 - $50,000	
Merril Lynch CMA	$50,001 - $100 000	Interest	$2,501 - $5,000	
Foxley Cattle Company	$1 000,001 - $5,000,000	Dividends	$100,001 - $1 000 000	
THE FOLLOWING INVESTMENTS ARE HELD IN THE LOIS HILL LEACH TRUST:				
Michigan Mun BD Auth Dev	$50 001 - $100 000	Interest	$2,501 - $5 000	

Name Congressman James A. Leach | **Page** 5 of 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

CMA Treasury Fund	$15,001 - $50,000	Interest	$201 - $1,000	
Airtouch Communications	$1,001 - $15,000	Dividends	None - $200	
AT&T Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
Ameritech Corp.	$15,001 - $50,000	Dividends	$201 - $1,000	
Amn Water Works	$1,001 - $15,000	Dividends	$201 - $1,000	
Bell Atlantic Corp.	$15,001 - $50,000	Dividends	$201 - $1,000	
BellSouth Corp.	$1,001 - $15,000	Dividends	$201 - $1,000	
Boeing Company	$15,001 - $50,000	Dividends	$201 - $1,000	
Bristol Myers Squibb Co.	$1,001 - $15,000	Dividends	$201 - $1,000	
Domtar Inc.	$1,001 - $15,000	Dividends	None - $200	
Erican LM Tel	$15,001 - $50,000	Dividends	None - $200	P
FPL Group Inc.	$1,001 - $15,000	Dividends	$201 - $1,000	
GATX Corp.	$15,001 - $50,000	Dividends	$201 - $1,000	
General Electric	$15,001 - $50,000	Dividends	$201 - $1,000	
International Flavors and Fragrances	$1,001 - $15,000	Dividends	$201 - $1,000	
Kansas City Power and Light	$1,001 - $15,000	Dividends	$201 - $1,000	
Lee Enterprises Inc	$1,001 - $15,000	Dividends	None - $200	
Lee Enterprises Inc. CLB	$1,001 - $15,000	Dividends	None - $200	
Mattel Inc	$1,001 - $15,000	Dividends	None - $200	
Merck & Co Inc.	$15,001 - $50,000	Dividends	$201 - $1,000	
Motorola Inc.	$1,001 - $15,000	Dividends	None - $200	
Nestle	$15,001 - $50,000	Dividends	$201 - $1,000	
Potash Corp. Saskatchewan	$1,001 - $15,000	Dividends	None - $200	P
Quaker Oats	$1,001 - $15,000	Dividends	$201 - $1,000	
Regal Beloit Corp	$15,001 - $50,000	Dividends	$201 - $1,000	

Name Congressman James A Leach Page 6 of 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	SBC Communications Inc	$15,001 - $50,000	Dividends	$201 - $1,000	E
	Sara Lee Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
	Sysco Corporation	$1,001 - $15,000	Dividends	None - $200	
	Toys R Us	$1,001 - $15,000	Dividends	None - $200	
	U S West Communications Media Group	$1,001 - $15,000	Dividends	$201 - $1,000	
	U S West Communications Group	$1,001 - $15,000	Dividends	None - $200	
	Vigoro Corp	$1,001 - $15,000	Dividends	None - $200	P
	ML Eurofund FD Cl A	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	Templeton Foreign Fund	$15,001 - $50,000	Dividends	$2,501 - $5,000	
	ML Technology Vent LP	$1,001 - $15,000	Interest	None - $200	
	ML H Income Realty	$1,001 - $15,000	Rent	None - $200	
	EMC Insurance Group Inc	None - $1,000	Dividends	$2,501 - $5,000	S
	Pacific Telesis Group	None - $1,000	Dividends	$201 - $1,000	S
	Southwestern Bell	None - $1,000	Dividends	$201 - $1,000	E
	THE FOLLOWING SECURITIES ARE HELD BY MERRILL LYNCH				
SP	Domtar Inc	$1,001 - $15,000	Dividends	None - $200	
SP	Flexsteel Inds Inc	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	GATX Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Lee Enterprises Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	[illegible]	$1,001 - $15,000	Dividends	None - $200	
SP	Adams Express	None - $1,000	Dividends	None - $200	
SP	Capital Southwest Fund	None - $1,000	Dividends	None - $200	S
DC	[illegible]	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	[illegible]	$15,001 - $50,000	Dividends	$201 - $1,000	
[illegible]	Midamerican Energy	$1,001 - $15,000	Dividends	None - $200	E

Name Congressman James A Leach **Page** 7 of 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Midwest Resources Inc	None - $1,000	Dividends	None - $200	E
DC	Singapore Air	$1,001 - $15,000	Dividends	None - $200	
DC	CMA Fund	$1,001 - $15,000	Interest	$201 - $1,000	
DC	Capital Builders Fund	$1,001 - $15,000	Interest	None - $200	
DC	Domtar Inc	$1,001 - $15,000	Dividends	None - $200	
DC	UAL Corp	$1,001 - $15,000	Dividends	None - $200	
	NORWEST BANK IRA ACCOUNT				
SP	Retirement Savings Certificates	$1,001 - $15,000	Interest	None - $200	
	MERRILL LYNCH IRA ACCOUNT				
SP	Singapore Air	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Retirement Reserves Fund	$1,001 - $15,000	Rent	None - $200	
	THE FOLLOWING IS ALSO HELD BY ELISABETH FOXLEY LEACH				
SP	Wyoming Mineral Rights	$15,001 - $50,000	Rent	None - $200	
SP	Eileen C Foxley Irrevocable Trust	$50,001 - $100,000	Dividends	$5,001 - $15,000	
SP	Oppenheimer	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Congressional Credit Union	$1,001 - $15,000	Interest	None - $200	
JT	Nations Bank	$1,001 - $15,000	Interest	None - $200	
JT	Norwest Bank Iowa	$1,001 - $15,000	Interest	None - $200	
	MERRILL LYNCH IRA ACCOUNT				
	Singapore Air	$15,001 - $50,000	Dividends	$201 - $1,000	
	Retirement Reserves Fund	$1,001 - $15,000	Interest	None - $200	

Name Congressman James A. Leach **Page** 8 of 14

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Ericsn LM Tel	Purchase	06-05-95	$15,001 - $50,000
	Patash Corp Sashatchewan	Purchase	07-24-95	$1,001 - $15,000
	SBC Communications Inc	Exchange	05-02-95	$15,001 - $50,000
	Vigaro Corp	Purchase	07-24-95	$1,001 - $15,000
	EMC Insurance Group Inc	Sold	06-05-95	$15,001 - $50,000
	Pacific Telesis Group	Sold	07-24-95	$1,001 - $15,000
SP	Flexsteel Inds Inc	Purchase	01-18-95	$1,001 - $15,000
SP	Capital Builders Fund	Sold	Various	$1,001 - $15,000
	Southwestern Bell	Exchange	05-02-95	$15,001 - $50,000
DC	Capital Builders Fund	Purchase	Various	$1,001 - $15,000
SP	CMA Fund	Sold	Various	$1,001 - $15,000
DC	Midwest Resources	Exchange	06-30-95	$1,001 - $15,000
DC	Midamerican Energy	Exchange	06-30-95	$1,001 - $15,000

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SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor		Type of Liability	Amount of Liability
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
		N. A.		

Name Congressman James A. Leach | Page 10 of 14

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250 For further information, see Instructions, pages 22-23.

Source		Description	Value
Example	Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N. A.		$

Name Congressman James A. Leach Page 11 of 14

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-11	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Congressman Dick Zimmer	02/26/95	Washington, D.C. to Newark, NJ to Washington, D.C.	N	Y	N	No
Dole for President Campaign	04/11/95	Columbus, OH to Des Moines, IA	N	N	N	No
Congressmen Frank Cremeans and Robert Ney, and Congresswoman Deborah Pryce	04/13/95 to 04/14/95	Washington, D.C. to Columbus, OH to Cedar Rapids, IA	Y	Y	N	No
Congressman Thomas Petri	04/25/95	Moline, IL to Milwaukee, WI to Washington, D.C.	Y	Y	N	No
Princeton University Ivy Club	04/27/95	Washington, D.C. to Newark, NJ to Washington, D.C.	Y	Y	Y	No
National Wrestling Hall of Fame	04/29/95 to 4/30/95	Columbus, OH to Des Moines, IA	Y	Y	N	No
Congressmen J.C. Watts and Frank Lucas	04/30/95	Oklahoma City, OK to New York City, NY	N	Y	N	No
National Republican Congressional Committee	4/30/95 to 05/01/95	New York City, NY to Washington, D.C.	Y	Y	N	No
Congressman Fred Heineman	06/17/95 to 06/18/95	Washington, D.C. to Raleigh, NC to Washington, D.C.	Y	Y	N	No
Congressmen Michael Flanagan, Dick Chrysler, and Jon Fox	06/25/95 to 06/26/96	Washington, D.C. to Chicago, IL to Detroit, MI to Philadelphia, PA to Washington, D.C.	Y	Y	N	No
Iowa Independent Bankers Annual Meeting	07/22/95	Mt. Joy, IA to Lake Okaboji, IA to Mt. Joy, IA	N	Y	N	No
Congressman Ed Royce	08/26/95 to 08/27/95	Moline, IL to Orange County, CA to Moline, IL	Y	Y	N	No
Congressmen Todd Tiahrt, Steve Horn, Sonny Bono, and Jack Metcalf	10/04/95 to 10/07/95	Washington, D.C. to Wichita, KS to Los Angeles, CA to Palm Springs, CA to Seattle, WA to Washington, D.C.	Y	Y	N	No
Congressman Bob Barr	10/29/95 to 10/30/95	Washington, D.C. to Atlanta, GA to	Y	Y	N	No

Name Congressman James A. Leach | **Page** 12 of 14

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples. Chicago Chamber of Commerce	Mar 2	Wash , D.C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
		Washington, D.C				
Twentieth Century Fund Executive Committee Meeting	11/03/95	Washington, D C to New York City, NY	N	Y	N	No
Congresswoman Sue Kelly	11/03/95	New York City, NY to Washington, D C	N	Y	N	No
Congressman Tom Campbell	11/05/95 to 11/06/95	Washington, D.C. to San Francisco, CA to Washington, D.C.	Y	Y	N	No
Congressman Gil Gutknecht	11/26/95 to 11/27/95	Washington, D.C. to Minneapolis, MN to Washington, D.C.	Y	Y	N	No
Congressman John Porter	12/01/95	Washington, D.C. to Chicago, IL to Washington, D.C	N	Y	N	No

Name Congressman James A. Leach

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SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Member of Board (unpaid)	Woodrow Wilson School of Princeton University
Vice Chair of Board (unpaid)	Twentieth Century Fund (non-profit educational foundation)
Founder (unpaid)	Republican Mainstream Committee
Member of Board (unpaid)	Johns Hopkins University SAIS Advisory

Name Congressman James A. Leach

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SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 2

Date	Parties To	Terms of Agreement
	N.A.	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

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HAND DELIVERED
(Office Use Only)

SANDER MARTIN LEVIN
(Full Name)

2230 RAYBURN BUILDING
WASHINGTON, DC 20515
(Mailing Address)

202/225-4961
Daytime Telephone

Filer Status ☒ Member of the U.S. House of Representatives State District ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Sander M. Levin

DATE (Month/Day/Year) May 15, 1996

Name SANDER M. LEVIN

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Victoria Levin, National Institute of Mental Health	Spouse Salary	$63,305.04

For payments to charity in lieu of honoraria, use Schedule II.

Name SANDER M. LEVIN

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SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash D C	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name SANDER M. LEVIN

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BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
Examples	123 Main St., Dover, Del							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	IRA - Merrill Lynch (see attachment)		X																X										
	KEOGH - Merrill Lynch (see attachment)			X															X										
	Wright Patman Federal Credit Union		X												X					X									
	First Union		X												X					X									
	Michigan National Bank	X													X				X										
	Merrill-Lynch C.B.A.			X									X								X								

For additional assets and unearned income, use next page.

SCHEDULE III -- ATTACHMENT

1. IRA - MERRILL LYNCH PORTFOLIO
   Merrill Lynch Growth Fund for Income and Retirement CL B
   Merrill Lynch Federal Securities Trust CL B
   Merrill Lynch Reitrement Reserves Money Market

2. KEOGH - MERRILL LYNCH PORTFOLIO
   Money Purchase Plan:
   Merrill Lynch Growth Fund for Income and Retirement 18R D
   Merrill Lynch Growth Fund for Income and Retirement 18R B
   Merrill Lynch Basic Value Fund CL B
   Fidelity Advisor Ser VII Overseas Portfolio
   FNMA GNMA Remic CMO 1991
   Merrill Lynch Retirement Reserves Money Market

   Profit Sharing Plan:
   Merrill Lynch Growth Fund for Income and Retirement D
   Merrill Lynch Growth Fund for Income and Retirement B
   Fidelity Adivsor Growth Opportunities Portfolio
   Merrill Lynch Basic Value Fund CL B
   Fidelity Advisory Ser VII Overseas Portfolio
   FNMA GNMA Remic CMO 1991
   Merrill Lynch Retirement Reserves Money Market

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name SANDER M. LEVIN

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	1/2 interest in 78A; 1/6 interest in 18A, Tyrone Township, Michigan				x														x										
	Unimproved land (Lot 4), West Tisbury, Mass.				x														x										
	1/9 undivided interest in commercial real estate, West Maple, Birmingham, Michigan					x								x	x									x					
	5.3% interest in Michigan mineral rights previously held by LNS Co., a general partnership in Michigan (now liquidated); (Antrim Gas income was $1,079; Shell Western income was $137)		x																		x								Royalty
	5.3% interest in accounts receivable from Hayden Gregory previously held by LNS Co., a general partnership now liquidated		x																x										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

(Continuation Sheet if needed)

Name SANDER M. LEVIN

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	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP DC JT		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P. S. E.
	Loan: Clark and Bonnie Barnes Victoria Rd., Tyrone Township, Livingston County, Michigan		x												x					x									
	5.3% interest in LRS Co., a general partnership owning real estate in Romulus and Pontiac Townships, Michigan and accounts receivable		x																x										
	Vacation house, West Tisbury, Mass. under construction, as of December 1995.					x													x										

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SCHEDULE IV — TRANSACTIONS

Name SANDER M. LEVIN

Page 7 of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Liquidation of Pleasantdale, a general partnership in which possessed 5.3% interest - transfer of assets to LRS in liquidation of a debt.		x	x	1-95	x									
	Liquidation of LNS, a general partnership in which possessed 5.3% interest - transfer of interests to partners		x		1-95	x									

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Name SANDER M. LEVIN	Page 8 of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington Delaware	Mortgage on 123 Main St., Dover, Del				x						
	Cape Cod 5, Orleans, Mass.	construction loan for vacation house on Lot 4 West Tisbury, Mass.; as of Dec. 31, 1995				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name SANDER M. LEVIN | Page 9 of ___

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute Cong. Program: Children's Policy Forum Conference Naples, Florida	Feb.17-20	Wash., DC-Ft. Myers-Was., DC	Y	Y	Y	N
	Aspen Institute Cong. Program: Conference on U.S. Relations with Russia, Ukraine and Eastern Europe Istanbul, Turkey	Aug. 24-Sept. 1	Wash., DC-Istanbul-Wash., DC	Y	Y	Y	N

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Name SANDER M. LEVIN	Page 10 of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Partner	LKS Company

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

(22)

RECEIVED

96 MAY 15 PM 1:19

HAND DELIVERED

(Office Use Only)

JERRY LEWIS
(Full Name)

2112 Rayburn House Office Building (Mailing Address) (202) 225-5861 (Daytime Telephone)
Washington, D. C. 20515

Filer Status ☒ Member of the U.S. House of Representatives State CA. District 40 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Note: A copy of Financial Dislcosue Statement of spouse is attached

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Jerry Lewis

DATE (Month/Day/Year) 5-09-96

Name Jerry Lewis | Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name JERRY LEWIS | Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

Source		Activity	Date	Amount
Examples	Association of American Associations Wash , D C XYZ Magazine	Speech Article	Feb 2, 1994 Aug 13, 1994	$2,000 $500
TOBACCO INSTITUTE		Speech	10/31/95	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JERRY LEWIS

Page 1 of 2

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del.							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	631 Constitution Ave.,N.E. Washington, D.C. 20002							X						X										X					
	Transcorp Pension Services Inc holding a self-directed IRA consisting of cash and ODWALLA InC. stock (stock dividend in 1995)				X										N/A								N/A						
	Mill & D Sts.,San Bernardino Ca.,Acq.1964, sold on terms in 1989		X													X							X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation sheet (if needed)

Name JERRY LEWIS

Page 2 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None - $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	$1,000,001 - $5,000,000	$5,000,001 - $25,000,000	$25,000,001 - $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	P, S, E
	Lewis Family Trust-1/4 sh.--copy attached				X								Trust distributions									X							
	[illegible], Inc. common stock (Stock dividend in [illegible])						X								NONE								NONE						
	Magnetic Partnership Two. 7.4321% interest			X											NONE								NONE						
	2727 Riley Oaks Dr., LasVegas, NV. (step-daughter's residence--quitclaim deed issued to her in [illegible])				X										NONE								NONE						
	Congressional Fed'l. Credit Union				X										X						X								
	1110 1st C St., N.E., Wash. D.C. 20002					X								X									X						
	ParcelNo.13 as shown on Parcel Map No. 4416, recorded May 23, 19[illegible] in Book No.47, pgs.65 & 66 County Recorder, County of S.B. CA.			X											NONE								NONE						
	Legislators Retirement System, St. of CA.					X							Retirement									X							
	Penn Mutual Life Ins. Co. Retirement System					X									NONE								NONE						

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Name JERRY LEWIS

Page 1 of 1

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	NONE														

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Name JERRY LEWIS

Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeds $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001– [illegible]	[illegible]	$50,001– [illegible]	$100,001– [illegible]	$250,001– [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.										
	[illegible] Savings Bank	Mortgage on [illegible]			X							
	[illegible] Nat'L. Bank, Trustee to [illegible]	Mortgage on [illegible]					X					
	[illegible] Mortgage [illegible] to [illegible] daughter in 1991	Mortgage on [illegible] y [illegible]			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added toward the $250 disclosure threshold.

Note: House Rule 43, clause 4 prohibits most gifts exceeding $250. For further information, see instructions, pages [illegible].

Source	Description	Value
Example: [illegible]	[illegible]	[illegible]
	NONE	

Use additional sheets if more space is required.

Name JERRY LEWIS

Page 1 of 1

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	WOODS HOLE OCEANOGRAPHIC INSTITUTION	Sept. 23-26	Wash.D.C.-Boston,Ma.,-Wash.D.C.	Y	Y	Y	
	The Connell Company	Mar. 17-20	Wash.D.C.-Westfield,N.J.-Wash. D.C.	Y	Y	Y	
	Winn-Dixie Co.	Jan. 20-22	Wash.D.C.-Jacksonville, Fla. - Wash. D. C.	Y	Y	N	

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Name JERRY LEWIS	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
BOARD OF DIRECTORS	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL
ADVISORY COUNCIL	HIGH DESERT "PARTNERSHIP IN ACADEMIC EXCELLENCE" FOUNDATION, INC.
BOARD OF DIRECTORS	NATIONAL FUND FOR THE U. S. BOTANIC GARDEN
COMMISSIONER	FRANKLIN DELANO ROOSEVELT MEMORIAL COMMISSION

SCHEDULE IX — AGREEMENTS

Identify the date parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
July 1959	Penn Mutual Life Insurance Co. Agent retirement plan--monthly life annuity beginniq at age 65. A standard agent's insurance contract. Comissions are paid in conformiy with N. Y. State law and ongoing fees paid for service to policy holder for life of contract.	
1969	Legislators' Retirement System, State of California. Public Employees Retirement System. Monthly life annuity beginning at age 60.	

Use additional sheets if more space is required.

CONTINUATION OF EDWARD R. LEWIS AND ELAINE L. LEWIS TRUST

The undersigned, Richard J. Lewis, Edward R. Lewis, Jr., C. Jeremy Lewis, and John C. Lewis are the vested sole beneficiaries of the Edward R. Lewis and Elaine L. Lewis Trust executed June 15, 1983, a copy of which is attached hereto. Following the deaths of Edward R. Lewis and Elaine L. Lewis, outright distribution has been made of some of the assets of this Trust, but the assets listed on Schedule A attached hereto continue to be held by C. Jeremy Lewis as Trustee of said Trust for the benefit of all of the undersigned.

The undersigned hereby agree that said property shall continue to be held, administered, and distributed by Trustee of said Trust in accordance with the provisions of said Trust as modified by this instrument.

1. Purpose. The purpose of this Trust as hereby extended shall be for Trustee to manage the assets of this Trust, collect all payments on obligations owed, divide and distribute the proceeds equally between us, liquidate all tangible assets of this Trust, and make distribution of the net proceeds to us.

2. Term. The term of this Trust shall be for so long as necessary to sell the real property and obtain complete payment on all notes and contracts which are the subject of this Trust, or for 10 years from the date of this instrument, whichever first occurs. At the expiration of this Trust, outright distribution shall be made by Trustee to the undersigned in equal shares, if all of them living, or to the successor beneficiaries of each of us as designated on the beneficiary designation of each, if any of us is not living at the time a distribution is to be made.

3. Beneficiary Designations. For so long as each of us are living, all distributions shall be made in equal shares to each of us, with Trustee holding such reserves as Trustee may deem appropriate for the management of the Trust estate. Upon the death of any of us prior to the termination of this Trust, the share of this Trust allocable to such deceased person and all distributions being made for such person shall be delivered to the beneficiaries designated for such person in accordance with the Beneficiary Designation of such deceased person delivered to Trustee. If no Beneficiary Designation has been executed by any of us at the time of the death of any of us or Trustee has not received the original of such Beneficiary Designation when a distribution is to be made, distribution of such deceased person's share shall be made without the need for any probate administration to the beneficiaries of such deceased person's last Will, or if there is no Will, to such deceased beneficiary's intestate heirs according to California's laws of intestate succession. If Trustee has any doubt as to the appropriate distribution to be made, Trustee may, in Trustee's sole discretion, make distribution to the estate of the one of us as to

whom the ambiguity exists or may petition the Court for instructions as to the appropriate distribution. Each of us may modify his Beneficiary Designation at any time by sending to Trustee a duly executed revision and, upon receipt of such change of Beneficiary Designation by Trustee, such change shall be effective.

3.1 Each of us shall be considered as the primary beneficiary of his share of this Trust, and the designated successor beneficiaries shall have no rights or powers concerning this Trust until the interests of such successor beneficiaries vest upon the death of one of us.

3.2 Notwithstanding anything set forth above, Trustee may, in Trustee's sole discretion, at any time elect to distribute all of the assets of this Trust in undivided shares equally between the four primary beneficiaries of the Trust; provided, however, if any of us is then deceased, the distribution of the share of such deceased one of us shall be made to the designated beneficiaries of such deceased person.

4. Additional modifications of Trust. This Trust may be amended at any time by written document executed by the four of us and may be revoked by written document executed by the four of us. It may not be amended or revoked in any other manner.

Executed effective December 1, 1989.

Richard J. Lewis

Edward R. Lewis, Jr.

C Jeremy Lewis

C. Jeremy Lewis

John C. Lewis

Approved as to form:
GRESHAM, VARNER, SAVAGE, NOLAN & TILDEN

By: ______________________
Philip M. Savage, III

All assets in the Edward R. and Elaine L. Lewis Trust dated June 15, 1983 remaining following outright distribution after the death of Edward R. Lewis on May 13, 1988, including but not limited to the following:

1. Note dated 5-18-78 in the amount of $11,933.14 by Mark E. Brandlin, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 5-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1034, in Book 9763, Page 1571. Reconveyed

2. Note dated 7-18-84 in the amount of $31,750.00 by Robert Bresnahan and Carolyn Bresnahan and Carolyn Bresnahan as joint tenants, and Rob Bresnahan, at 7% per annum, payments of $250.00 payable on the 18th day of each calendar month, commencing on 7-18-79, secured by deed of trust recorded 8-27-84 as Instrument 84-204415.

3. Note dated 9-1-78 in the amount of $23,245.00 by Gerald W. Bromley and Phyllis Bromley, joint tenants, at 7% per annum, payments of $175.00 payable on the 1st day of each calendar month, commencing 10-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1035, in Book 9763, Page 1572.

4. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

5. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

6. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $60,000.00 by Glasscamp, Inc.

7. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $32,000.00 by Glasscamp, Inc.

8. Note dated 7-22-75 in the amount of $14,400.00 by Alan G. DeWeese and Margaret M. DeWeese, at 7% per annum, payments of $125.00 payable on the 23rd day of each calendar month, commencing 8-23-75, secured by deed of trust recorded 9-4-79 as Instrument 1031, in Book 9763, Page 1568. - Reconveyed

9. Note dated 9-24-80 in the amount of $12,575.00 by Edward W. Heber, Jr., and Judith A. Heber, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 10-1-80, secured by deed of trust recorded 1-19-81 as Instrument 81-012555.

10. Note dated 5-8-78 in the amount of $14,404.22 by James A. and Earleen K. Helm, at 7% per annum, payments of $125.00 payable on the 5th day of calendar month, commencing 6-5-78, secured by deed of trust recorded 9-4-79 as Instrument 1038, in Book 9763, Page 1575.

11. Real property in San Bernardino County, CA, subject to contract for sale dated 4-20-73 for $12,000.00 by Randy Don Hopkinson & Georgette M. Hopkinson. -

12. Note dated 12-24-84 in the amount of $31,750.00 by Sam J. Kahn and Betty L. Kahn as joint tenants, and Robert Craig Bennion and La Ree Bennion as joint tenants, at 7% per annum, payments of $250.00 payable on the 30th day of each calendar month, commencing on 6-30-77, secured by deed of trust recorded 1-2-85 as Instrument 85-000662.

13. Real property in San Bernardino County, CA, subject to contract for sale dated 6-13-79 for $32,000.00 by Carl E. Knauff, Peggy Knauff, Randy W. Roach, Barbara Roach, Stephen F. Jaurigue, Kathleen S. Jaurigue, Philippe J. Tatton, and Susan E. Tatton.

14. Note dated 4-2-84 in the amount of $15,775.00 by Harold E. Koenig, at 7% per annum, payments of $125.00 payable on the 15th day of each calendar month commencing on 9-25-76, secured by deed of trust recorded 5-17-84 as Instrument 84-116000.

15. Note dated 8-31-78 in the amount of $14,000.00 by Albert Lara, at 7% per annum, payments of $125.00 payable on the 30th day of each calendar month, commencing 9-30-78, secured by deed of trust recorded 9-20-79 as Instrument 1137, in Book 9773, Page 1620.

16. Real property in San Bernardino County, CA, subject to contract for sale dated 2-4-84 for $12,000.00 by Richard J. and Donna F. Lewis.

17. Real property in San Bernardino County, CA, subject to contract for sale dated 10-16-79 for $32,000.00 by Marilyn L. Mahan.

18. Note dated 4-1-84 in the amount of $23,600.00 by Michael B. Oliver and Sheila R. Oliver, joint tenants, at 7% per annum, payments of $175.00 payable on the 15th day of each calendar month, commencing on 7-15-77, secured by deed of trust recorded 5-17-84 as Instrument 84-116062.

19. Note by Harold J. Petty and Netty L. Petty at 7% per annum secured by deed of trust recorded as Instrument No. 913 on Dec. 19, 1979 in Book 9583, Page 1403.

20. Note dated 9-28-76 in the amount of $14,011.86 by Melvin L. Smith, Jr., and Marilyn A. Smith, joint tenants, at 7% per annum, payments of $125.00 payable on the 21st day of each calendar month, commencing on 10-21-76. Reconveyed

21. Real property in San Bernardino County, CA, subject to contract for sale dated 5-2-85 for $12,102.28 by Frances M. Stephenson and Austin Shrack.

22. Note dated 4-7-83 in the amount of $28,450.85 by Pauline R. Walton and Bobbie R. Skinner, at 7% per annum, payments of $250.00 payable on the 15th day of each calendar month, commencing 4-15-83, secured by deed of trust recorded 4-19-83 as Instrument 83-082026.

23. Real property in Los Angeles County, CA, subject to contract for sale dated 1-20-88 for $10,000.00 by Rommel Agee.

24. Lot 32 Area 43,608 sq. ft. in Block 265 as delineated on the map entitled Hawaiian Ocean View Estates which said map was filed in the Bureau of Conveyances of the State of Hawaii 4-5-62 as File Plan 787.

25. Improved real property situated in San Bernardino, CA, at 5328 Park Lane, described as: [illegible]

Lot 2, Tract 5123 as per plat recorded in Book 62 of maps, page 23, records of San Bernardino County, Assessor's Parcel 154-051-37. - Sold in 1991

26. Improved real property situated in San Bernardino, CA, at 5634 Argyle Street, described as: - Sold in 1990

Lot 29, Tract 5095 as per map recorded in Book 75 of Maps, pages 23-24 in the office of the County Recorder of San Bernardino County.

27. Pacific Savings Bank Account # 0535262-0 - Transferred to ck. acct.

Franklin Fund - ~~Sold in 1991~~
28. California Tax-Free Income Fund - Account No. 11204361724

C Jeremy Lewis
C. Jeremy Lewis

John C. Lewis

Edward R. Lewis

29. Parcel No. 7 as shown on Parcel Map No. 4416 recorded May 23, 1979 in Parcel Map Book No. 47, pages 65 and 66 in the office of the County of San Bernardino, State of California. Quitclaimed to trust by Richard Lewis 9/17/91.

Richard J Lewis
Richard J. Lewis

29. -

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

2

W

☐ ☐ Officer Employee

☐ ☐ ☐

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes ☐ No ☒	If yes, complete and attach Schedule VI	Yes ☐ No ☒
	Yes ☐ No ☒	...e any ... If yes, complete and attach Schedule V	Yes ☒ No ☐
	Yes ☒ No ☐	If yes, complete and attach Schedule VIII	Yes ☐ No ☒
	Yes ☐ No ☒	If yes, complete and attach Schedule IX	Yes ☐ No ☒
	Yes ☐ No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes ☐ No ☒
	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

OF REPORTING

DATE

5/13/96

Name ARLENE M. WILLIS

Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name ARLENE M. WILLIS

Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name [illegible]

Page 1 of 1

Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. [illegible] included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block INTEREST	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income. $50,001 – $100,000	Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible] Inc.	X	none	none	
All other items as shown on Financial Disclosure Statement [illegible] attached hereto and made a part [illegible].				

For additional assets and unearned income, use next page.

Name ARLENE M. WILLIS

Page 1 of 1

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example*	Mega Corporation Common Stock	X			10–12–95		X								
	NONE															

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Name ARLINE M. WILLIS | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude any mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions pages [illegible].

			Amount of Liability									
[illegible]	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
[illegible]	Example: First Bank of Anytown, Anytown, State	Mortgage on 123 Main St., Dover, DE				x						
	Ford Motor Credit Company	Co-signed for grand-daughter purchase of automobile	X									
	All other items as per [illegible] Financial Disclosure Statement of [illegible] which is attached hereto and made a part hereof.											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. Exclude: gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 1, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver platter, received from Committee on Standards	$270
NONE		

Use additional sheets if more space is required

Name ARLENE M. WILLIS

Page 1 of 1

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

Only that which is set forth on Financial Disclosure Statement of Spouse which is attached hereto and made a part hereof.

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Name ARLENE M. WILLIS	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
	NONE	

GPO [illegible]

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

(14)

RECEIVED
LEGISLATIVE RESOURCE CENTER
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HAND DELIVERED

(Office Use Only)

Representative John Lewis
(Full Name)

U.S. House of Representatives
(Mailing Address)
Washington DC 20515

Daytime Telephone:
(202) 225-3801

Filer Status	☒ Member of the U S House of Representatives	State GA District: 05	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒ No ☐		VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☒ No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒ No ☐		VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐ No ☒		VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒		IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL
John Lewis

DATE (Month/Day/Year)
May 15, 1996

Name Representative John Lewis Page 1 of 9

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Clark Atlanta University, Atlanta, GA	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Representative John Lewis	**Page** 2 of 9

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the
list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The East-West Center, Honolulu, HI	Speech	1/13/95	$ 2,000

Name [illegible] Page 3 of 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
For further information, see instructions on page [illegible] SP [illegible] Mega [illegible] DC Examples: [illegible] JT [illegible]	[illegible]	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P

Name Representative John Lewis **Page** 4 **of** 9

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000

Name Representative John Lewis Page 5 of 9

SCHEDULE V -- LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instruction booklet pages 21-22.

SP DC JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000

Name Representative John Lewis	**Page** 6 of 9

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22-23.

	Source	Description	Value
Example.	Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	AFL-CIO, Washington, DC	Murray Green Meany Award (stipend)	$ $5,000 0

Name Representative John Lewis | **Page** 7 of 9

SCHEDULE VII – FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time *not* at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Morehouse College Alumni Assoc Jacksonville Florida Chapter	Jan 6-7	Atlanta-Jacksonville-Atlanta	Y	Y	N	No
The East-West Center	Jan 12-14	Atlanta-Honolulu-Atlanta	Y	Y	N	No
The Oprah Winfrey Show	Mar 15-16	Washington-Chicago-Washington	Y	N	N	No
Harvard University	Apr 12-13	Atlanta-Boston-Atlanta	Y	Y	N	No
The Freedom Forum First Amendment Center	Apr 19	Atlanta-Nashville-Atlanta	N	Y	N	No
Northeastern University School of Law	May 26-27	Washington-Boston-Washington	Y	Y	N	No
Laborer's International Union	June 26	Washington-Norfolk-Washington	N	Y	N	No
United Negro College Fund	Aug 9-10	Atlanta-Savannah-Atlanta	Y	Y	N	No
United Mine Workers of America	Sept 24-25	Washington-Miami-Washington	Y	Y	N	No
Yale University School of Law	Oct 6-7	Atlanta-Hartford-Washington	Y	Y	N	No

Name Representative John Lewis | **Page** 8 **of** 9

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board of Directors	Martin Luther King Center for Nonviolent Social Change, Inc
Board of Directors	Friends of VISTA, Inc.
Board of Directors	Wiley Branton Civil Liberties Foundation, Inc
Board of Directors	Robert F Kennedy Memorial, Inc
Board of Directors	Commission on Presidential Debates
Board of Directors	The Faith & Politics Institute
Board of Advisors	Democrats 2000
Board of Trustees	Stennis Center for Public Service
President	Americans for Democratic Action

Name Representative John Lewis **Page** 9 **of** 9

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 2

Date	Parties To	Terms of Agreement

JOHN LEWIS
5TH DISTRICT GEORGIA
CHIEF DEPUTY DEMOCRATIC WHIP
COMMITTEE
WAYS AND MEANS
SUBCOMMITTEE
HEALTH

Congress of the United States
House of Representatives
Washington, DC 20515-1005

WASHINGTON OFFICE
229 CANNON HOUSE OFFICE BUILDING
WASHINGTON DC 20515-1005
(202) 225-3801
Fax (202) 225-0351

DISTRICT OFFICE
THE EQUITABLE BUILDING
100 PEACHTREE STREET N.W.
SUITE # 1920
ATLANTA GA 30303
(404) 659-0116
Fax (404) 331-0947

June 13, 1995

The Honorable Nancy Johnson
Chairwoman
Committee on Standards of
Official Conduct
HT-2, Capitol
Washington, D.C. 20515

Dear Madam Chairwoman:

I am writing to request that I may be allowed to accept an award from the American Federation of Labor and Congress of Industrial Organizations on Thursday, July 20, 1995. This award, the Murray-Green-Meany Award, carries a stipend of $5,000.

As you can see from the enclosed letter, this award is open to the public, not targeted toward House Members. The list of recipients includes people from many different fields that have made marked contributions in the community.

If you have any questions regarding this request, please contact me or my Chief of Staff, James Waller at 225-3801. I look forward to hearing from you.

Sincerely,

John Lewis

John Lewis
Member of Congress

JL:kgg

FYI

American Federation of Labor and Congress of Industrial Organizations

815 Sixteenth Street, N.W.
Washington, D.C. 20006
(202) 637-5000

EXECUTIVE COUNCIL

LANE KIRKLAND PRESIDENT
THOMAS R. DONAHUE SECRETARY-TREASURER

Albert Shanker
John J. Sweeney
Gerald W. McEntee
Owen Bieber
Robert A. Georgine
Lenore Miller
Sigurd Lucassen
John N. Sturdivant
James J. Norton
Arthur A. Coia
Gloria T. Johnson
Edward T. Hanley
James E. Hatfield
William H. Bywater
John T. Joyce
Gene Upshaw
Jack Sheinkman
Moe Biller
Richard L. Trumka
Michael Sacco
Frank Hurt
Douglas H. Dority
Wayne E. Glenn
Vincent R. Sombrotto
Marvin J. Boede
Morton Bahr
Jay Mazur
John J. Barry
George J. Kourpias
Frank Hanley
Ron Carey
Linda Chavez-Thompson
George F. Becker

March 3, 1995

The Honorable John Lewis
329 Cannon House Office Building
1st and Independence Avenue, S.E.
Washington, D.C. 20515-1005

Dear Congressman Lewis:

It is a great pleasure to inform you that the AFL-CIO Executive Council has selected you to receive the Murray-Green-Meany Award.

The award, which consists of an inscribed medal and a check for $5,000, will be presented on Thursday, July 20, at the Murray-Green-Meany Award Dinner, as part of the 1995 AFL-CIO National Conference on Community Services at the Hyatt Regency on Capitol Hill in Washington, D.C. We invite you to accept the award. Green P. Lewis, Director of the AFL-CIO Department of Community Services, will be in touch with you shortly to provide more details.

Past recipients of this award include Presidents Harry Truman and Lyndon Johnson, as well as Golda Meir, A. Philip Randolph, Eleanor Roosevelt, Mickey Leland, Arthur Flemming, Arthur Ashe and Congressman William D. Ford.

Sincerely,

Lane Kirkland

President

NANCY L. JOHNSON, CONNECTICUT
CHAIRMAN
JIM BUNNING, KENTUCKY
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO
THEODORE J. VAN DER MEID
CHIEF COUNSEL

ONE HUNDRED FOURTH CONGRESS
U.S. House of Representatives
COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT
Washington, DC 20515–6328

JIM McDERMOTT, WASHINGTON
RANKING DEMOCRATIC MEMBER
BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
ROBERT A. BORSKI, PENNSYLVANIA
THOMAS C. SAWYER, OHIO
SUITE HT-2, THE CAPITOL
(202) 225-7103

June 27, 1995

The Honorable John Lewis
U.S. House of Representatives
229 Cannon House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of June 13, 1995, requesting permission to accept the Murray-Green-Meany Award from the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) on July 20, 1995. The award consists of an inscribed medal and $5,000. A copy of the notification informing you of your selection as the recipient of the award accompanied your request.

You explain in your letter that the award is open to the public and not limited to House Members. According to the letter of notification, prior recipients of the award include Eleanor Roosevelt, Arthur Ashe, Harry Truman, A. Philip Randolph, Lyndon Johnson, Arthur Flemming and Congressman William Ford.

House Rule XLIII, clause 4, provides that a Member or employee shall not accept gifts aggregating more than $250 in value in any calendar year from any source other than a relative. However, this Committee has determined that certain items are not gifts for purposes of the rule. Those include bona fide awards presented in recognition public service and available to others besides House Members and employees.

Since the award has been presented to persons other than House Members or employees, we find that the award is presented in recognition of public service and that it is not targeted at or limited to House Members or employees. Accordingly, it is the Committee's opinion that your acceptance of the award would be consistent with applicable House rules and standards of conduct.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Nancy L. Johnson

Nancy L. Johnson
Chairman

Jim McDermott

Jim McDermott
Ranking Democratic Member

NLJ/JM:CJW

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995**	Form A For use by Members, officers, and employees

Ronald Edward Lewis
(Full Name)

133 Joy-K-Lynn Street
(Mailing Address)
Cecilia KY 42724

Daytime Telephone. 202-225-3501

Filer Status	☒ Member of the U.S. House of Representatives	State: KY District: 02	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

HAND DELIVERED

RECEIVED

96 MAY 15 PM 1:40

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S C app 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL Ron Lewis	**DATE** (Month/Day/Year) 5-15-96

Name Ronald Edward Lewis **Page** 2 **of** 4

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	First Federal Savings Bank	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Ronald Edward Lewis | **Page** 3 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

		BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples*		Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
		SP	123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
			1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT	Duplex Apart., Mockingbird Dr ; Radcliff, KY			$50,001 - $100,000	Rent	$2,501 - $5,000	NA
JT	Alpha Christian Bookstore, Elizabethtown, KY			$100,001 - $250,000	Proceeds From Sale*	$15,001 - $50,000	NA
SP	Stock: First Federal Savings Bank, Elizabethtown, KY* * Qualified Employee Stock Ownership Plan (ESOP) for retirement			$100,001 - $250,000	Capital Gains and Dividends	NA	NA
					* Received $41,000 at time of sale in 1994. Purchase agreement provides for three additional payments of $25,000 each on January of 1995, 1996, and 1997.		

Name Ronald Edward Lewis	**Page** 4 of 4

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	First Federal Savings Bank; Elizabethtown, Kentucky	Mortgage on Rental Property, Mockingbird Drive, Radcliff, Kentucky	$50,001 - $100,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
96 MAY 15 PM 5:31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)

Jim Ross Lightfoot
(Full Name)

2161 Rayburn House Office Building
(Mailing Address)

Washington, D. C. 20515
Daytime Telephone: 202-225-3806

Filer Status	☒ Member of the U.S. House of Representatives — State: Iowa, District: Third	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	**Yes** ☒	**No** ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	**Yes** ☒	**No** ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	**Yes** ☒	**No** ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	**Yes** ☐	**No** ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	**Yes** ☒	**No** ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	**Yes** ☐	**No** ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	**Yes** ☒	**No** ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	**Yes** ☒	**No** ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	**Yes** ☐	**No** ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	**Yes** ☐	**No** ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	**Yes** ☐	**No** ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-15-96

Name Lightfoot, Jim Ross

Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Merri-Widow--Shenandoah, Iowa	Spouse Business, Inc.	NA
	People for Lightfoot Committee, Inc.--Shenandoah, Iowa	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Lightfoot, Jim Ross

Page 3 **of** 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Iowa Engineer Ball, Fairfield, Iowa	Speech	Nov. 11, 1995	$100

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lightfoot, Jim Ross

Page 4 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP., DC., JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Merri-Widow Store--Shenandoah, IA					X							business inc.											X					
JT	Ross' Zesto Shop-Shenandoah, IA			X									business inc.						X										
	Apple Computer Stock		X										X						x										
	Baker International Stock	X											X						x										
	Treynor State Bank, IRA; Treynor,IA	x													x					NA									

For additional assets and unearned income, use next page.

Name Lightfoot, Jim Ross

Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	Security Savings and Loan-Shenandoah, IA	Business Loan		X								
JT	Congressional Federal Credit Union	Personal Loan	X									
	Wash., D. C.											
	MBNA	Credit Card		X								
	Congressional Federal Credit Union VISA	Credit card	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
		NONE	

Use additional sheets if more space is required.

Name Lightfoot, Jim Ross

Page 6 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Air Transportation Association	6/23/96	Wash., D.C.-St. Louis-OMA	N	Y	N	N
	Aircraft Owners and Pilots Association	10/20-22	Wash.,DC-Atlantic City-Wash.,DC (spouse-Dallas-Atlantic City-Dallas)	Y	Y	Y	N

This page may be copied if more space is required.

Name Lightfoot, Jim Ross

Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Merri-Widow-Shenandoah, IA
Partner	Ross' Zesto Shop-Shenandoah, IA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Blanche Lambert Lincoln
(Full Name)

1204 Longworth Bldg., Washington, D.C. 225-4076
(Mailing Address) Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives State: AR District: 01	☐ Officer or Employee	Employing Office ______
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date ______

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Blanche Lambert Lincoln

May 16, 1996
DATE (Month/Day/Year)

Name Blanche Lambert Lincoln

Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	University of Tennessee Medical Group	Spouse Salary	NA
	University of Tennessee	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Blanche Lambert Lincoln

Page 3 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Tobacco Institute, Washington, D.C.	Speech	July 18, 1996	$2,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Blanche Lambert Lincoln

Page 4 **of** 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
SP	40 acres real property, Cleburne Co ARK				X																								
	1st Nat'l Bank of Phillips Co. Helena, AR IRA/Savings				X										X						X								
	Helena Nat'l Bank, Helena, AR			X											X					X									
	Smith Barney Shearson, Alexandria, VA				X								X																
	J.B. Lambert, Sr. Trust, Helena, AR					X											X						X						
	1st Nat'l Bank of Phillips Co. (CD)				X										X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Blanche Lambert Lincoln

Page 5 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Valic TSA Acct.				X								X																
SP	Univ. of Tenn. Retirement Acct.			X									X																
SP	Miss. State Univ. Retirement Acct.				X								X																
SP	UT Valic Stock Index Fund				X								X																
SP	UTMG Retirement Acct.				X								X																
SP	Sandy Slough Hunting Club Real Prop.			X																									
JT	Fidelity Bank, West Memphis, AR			X											X						X								

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BLANCHE LAMBERT LINCOLN
1st District Arkansas

1204 Longworth Building
Washington, DC 20515
202-225-4076

District Office

615 South Main
Suite 211
Jonesboro, AR 72401
501-972-4600
800-866-2701

INSIDE MAIL

Congreſs of the United States
House of Representatives
Washington, DC 20515–0401

Commerce Committee
Subcommittee on Energy and Power
Subcommittee on Health and Environment
Subcommittee on Commerce, Trade
and Hazardous Materials

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June 10, 1996

②

The Hon. Nancy Johnson
Chairman,
Committee on Standards of Official Conduct
The Capitol HT-2
Washington, D.C.

✓
MC

Dear Madame Chairman:

It has come to my attention that a mistake appeared on my Financial Disclosure Statement for the calendar year 1995.

On page 5, Schedule III (Assets and "Unearned" Income), the value of the Valic TSA Account is incorrectly reported. It should be listed at a value of between $15,001-$50,000.

I am requesting that the attached, amended page with the correct value marked be included with my 1995 statement. Thank you for your consideration in this matter.

Sincerely,

Blanche L. Lincoln
BLANCHE LAMBERT LINCOLN
Member of Congress

BLL:skp
enclsoure

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Blanche Lambert Lincoln

Page 5 **of** 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Valic TSA Acct.			X									X																
SP	Univ. of Tenn. Retirement Acct.			X									X																
SP	Miss. State Univ. Retirement Acct.				X								X																
SP	UT Valic Stock Index Fund				X								X																
SP	UTMG Retirement Acct.				X								X																
SP	Sandy Slough Hunting Club Real Prop.			X																									
JT	Fidelity Bank, West Memphis, AR			X											X						X								

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

William Oliver Lipinski
(Full Name)

6242 West 59th Street
Chicago, Illinois 60638
(Mailing Address)

202-225-5701
Daytime Telephone

Filer Status	☒ Member of the U.S House of Representatives — State: Illinois District: 3	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A **$200 *penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

William O Lipinski
SIGNATURE OF REPORTING INDIVIDUAL

5/7/96
DATE (Month/Day/Year)

Name William O. Lipinski | Page 1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontano County Board of Education	Spouse Salary	NA
	Rose Marie Partners	Building Management	$2,400
	23rd Ward Committeeman	Chairman, Local Democratic Party	$7,000

For payments to charity in lieu of honoraria, use Schedule II.

Name William O. Lipinski

Page 2 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Rose Marie Partners Building					x								x								x							
	5838 South Archer Avenue																												
	Chicago, IL (Cook County)																												
JT	Standard Federal S & L Accounts			x											x							x							
JT	Polish National Alliance	x													x				x										
JT	Archer Heights Credit Union	x													x				x										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William O. Lipinski

Page 3 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples:	SP	Mega Corp Stock				X								X							X									P
		123 Main St., Dover, Del.							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		Chicago Park District																												
		Retirement Fund			x											na				x										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William O. Lipinski

Page 4 of 7

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	IRA Superior Bank			x											x					x									
	IRA- Superior Bank			x											x					x									
	Keogh Plan-Standard Federal																												
	Savings		x																										

This page may be copied if more space is required.

Name William O. Lipinski | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	Aegon USA		Mortgage on 5838 South Archer Avenue Chicago, Illinois	x									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name William O. Lipinski

Page 6 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Association of Railroads		April 7 to 12	Chicago--Jackson Hole, Wyoming--Chicago	Y	Y	Y	N

This page may be copied if more space is required.

Name William O. Lipinski	**Page** 7 **of** 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
23rd Ward Committeeman	23rd Ward Democratic Party Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

WILLIAM O. LIPINSKI
3D DISTRICT, ILLINOIS

COMMITTEE ON
TRANSPORTATION AND INFRASTRUCTURE
RANKING DEMOCRATIC MEMBER,
SUBCOMMITTEE ON AVIATION
SUBCOMMITTEE ON RAILROADS
DEMOCRATIC STEERING COMMITTEE

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House of Representatives
Washington, DC 20515

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June 4, 1996

The Honorable Robin H. Carle
Clerk of the United States
House of Representatives
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Carle:

I am writing to request that an amendment be made to my Financial Disclosure statement for 1995 in accordance with the Ethics in Government Act .

When preparing my 1995 statement, I inadvertently submitted the wrong return date for travel from Jackson Hole, Wyoming. I would appreciate your making the following change to Schedule VII of my statement: The correct dates of this trip were April 7 through 10.

I appreciate your assistance in rectifying this mistake. If you have any further questions, please do not hesitate to contact me with kind regards, I remain

Sincerely,

William O. Lipinski

WILLIAM O. LIPINSKI
Member of Congress

WOL:bgw

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

ROBERT L. LIVINGSTON
(Full Name)

2406 Rayburn HOB, Washington, D.C. 20515
(Mailing Address)

(202) 225-3015
(Daytime Telephone)

Filer Status	☒ Member of the U S House of Representatives State LA District 1	☐ Officer or Employee	Employing Office.
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ■	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☒	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/96

Name Robert L. Livingston | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1 000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		0

For payments to charity in lieu of honoraria, use Schedule II.

Name Robert L. Livingston Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Brookings Institute	Speech	2/15/95	$400
	Republican National Lawyers Assoc.	Speech	6/5/95	$50

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Name Robert L. Livingston

Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	2 personal homes (excluded - 2 mortgages refinanced for college, home repair & investment)																												
JT	IRA - Waters Parkerson				X									N/A															P
JT	1/3 interest in lot in Lacombe LA		X	[illegible]															X										
S	Wife's Louisiana Bankshares*		X	[illegible]											X					X									
S	3/4 acre, Pointe Coupee, LA* (wife's 1/5 mineral interest)		X	[illegible]										X							X								
S	Raceland, Louisiana* (wife's 6 acres farmland)			X	[illegible]									X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert L. Livingston

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	25 acres, Pt. Coupee, LA* (wife's 1/4 ownership)		X																										
DC	*Trust for Children (wife's assets constitute corpus of trust for children)																												EXPIRED 12/95
JT	WP Congressional Credit Union		X												X					X									
JT	Rhea - Ratite		X																X										
JT	1/7 Condo Trust, Washington DC		X																X										[redacted]S
JT	5% Ltd. Partnership (LOAN) Comm. Building, Washington DC			X											X							X							
JT	Vanguard Mutual Funds		X										X			X			X										[redacted] S
JT	Ed. Jones & Co. - CMA Account*		[redacted]	X											X				X										[redacted]P, S
SP	Meager Means Investment Club	X													X	X			X										P
JT	Alpha Environmental		X																X										
**	Stewart Enterprises		X																										P
**	Wireless One - Stock		X																										P
**	AT&T - stock		X																										P

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SCHEDULE IV — TRANSACTIONS

Name Robert L. Livingston

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

JT

SP DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	Example Mega Corporation Common Stock	X			10-12-95		X								
	Cyrix Corp. Stock	X	X		10/30 – 12/6/95	X									
	Gateway 2000 Stock	X	X		9/11 – 9/18/95	X									
	Firmosa Gold Stock	X	X		9/18 – 10/19/95	X									
	Placer Dome Stock		X		Various 7/21/95	X									
	Campbell Res. Stock		X		Various 6/29/95	X									
	Outback Steakhouse Stock	X	X		7/23/95 – 9/18/95	X									
	Regional Accep. Corp. Stock	X	X		7/13 – 8/1/95	X									
	Walmart Stores Stock	X	X		10/11 – 12/6/95	X									
	Vanguard Mutual Funds	X	X		Various	X									

This page may be copied if more space is required

Name	Robert L. Livingston	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	2 home mortgages - Refinanced for college, investment & repair (excluded							N/A				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

	Source	Description	Value
Example	Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	none		

Use additional sheets if more space is required.

Name Robert L. Livingston

Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Asian American Exchange Foundation	8/8/95-8/26/95	Wash., DC - Bejing China Hong Kong - Yangon, Myanmar Singapore - Washington, DC	Y	Y	Y	-

This page may be copied if more space is required.

Name Robert L. Livingston	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Center for Democracy (Non-profit foreign policy institute)
Director	International Republican Institute (non-profit foreign policy institute)
Regent	Smithsonian Institution

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

FRANK A. LoBIONDO (Full Name)

1754 WYNNEWOOD DRIVE
VINELAND, NEW JERSEY 08360 (Mailing Address)

Daytime Telephone (202) 225-6572

Filer Status: ☒ Member of the U.S. House of Representatives State NJ District 02 ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL
X Frank A. LoBiondo

DATE (Month/Day/Year)
5-14-96

Name FRANK A. LoBIONDO

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	LoBIONDO BROTHERS MOTOR EXPRESS	SALARY	10,506
	LoBIONDO BROTHERS MOTOR EXPRESS	PENSION LIFE INSURANCE	243
	VINELAND BOARD OF EDUCATION	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name FRANK A. LoBIONDO	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
THE AMERICAN TRUCKING ASSOCIATION, WASHINGTON, D.C.		SPEECH	JUNE 22, 1995	1,000

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Name FRAMK A. LoBIONDO

Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	12 ACRES WOODED LAND UPPER DEERFIELD TOWNSHIP, NJ				X														X										
	LoBIONDO BROS MOTOR EXPRESS STOCK					X													X										
	SOUTHERN JERSEY BANCORP OF DEL STK				X								X									X							
	S & L PETROLEUM, INC. STOCK			X															X										
	NEW YORK LIFE INSURANCE POLICY		X												X					X									
	NATIONAL LEASE INCOME FUND 5 PTRSHP	X													X	X			X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name FRANK A. LoBIONDO

Page 5 of 9

SP. DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	MINOTOLA NATIONAL BANK ACCOUNT		X												X				X										
	FARMERS & MERCHANTS NATL BANK ACCT		X												X				X										
	PEOPLES TRUST IRA CASH ACCOUNT		X										X						X										
	FRANKLIN GROWTH CLASS I IRA		X										X			X				X									
	RFS REALTY TRUST IRA		X										X						X										
	SUNAMERICA BLUECHIP CLASS A IRA		X										X							X									
	SUNAMERICA BLUECHIP CLASS B IRA		X										X							X									
SP	MUTUAL OF AMERICA IRA		X										X						X										
SP	COLLECTIVE BANK IRA ACCOUNT		X												X				X										

This page may be copied if more space is required.

Name FRANK A. LoBIONDO Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	N/A														

This page may be copied if more space is required.

Name FRANK A. LOBIONDO	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22.

SP DC JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
		N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22-23.

	Source	Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A		

Use additional sheets if more space is required

Name FRANK A. LoBIONDO Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
N/A							

This page may be copied if more space is required.

Name FRANK A. LoBIONDO | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
CONSULTANT	LoBIONDO BROTHERS MOTOR EXPRESS
ASSEMBLYMAN	STATE OF NEW JERSEY (RESIGNED POSITION 1-3-95)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-1-95	LoBIONDO BROTHERS MOTOR EXPRESS	$1,000 PER MONTH

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A

For use by Members, officers, and employees

96 MAY 31 PM 3:14

HAND DELIVERED

Zoe Lofgren

(Full Name)

965 South 14th Street

(Mailing Address)

San Jose CA 95112

(Daytime Telephone)

202-225-3072

Filer Status ☒ Member of the U.S. House of Representatives State CA District 16 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? If yes, complete and attach Schedule II	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX	Yes ☒ No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V	Yes ☒	No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 101)

SIGNATURE OF REPORTING INDIVIDUAL

DATE Month/Day/Year 5-31-96

Name Zoe Lofgren | **Page** 2 **of** 7

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	John Marshall Collins, PC	Spouse Salary	N/A
	Naglee Mansion Associates, Partnership	Spouse's separate income (partnership distribution)	N/A
	County of Santa Clara	Salary	$3,694 34

For payments to charity in lieu of honoraria, use Schedule II.

Name Zoe Lofgren Page 3 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP	Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC	*Examples* JT 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	[illegible] of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Bank of America - Savings	$1 - $1,000	Interest	$1 - $200	
	Cupertino Natl. Bank - Stock	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	First Interstate Bank - Deferred Compensation Acct. - Certificates of Deposit	$100,001 - $250,000	Interest	$5,001 - $15,000	
	Charles Schwab - IRA (Money Market Fund)	$15,001 - $50,000	Interest	$201 - $1,000	
	John Marshall Collins, P.C. Stock	$100,001 - $250,000	Dividends	$1,001 - $2,500	
	Penn Mutual Life Insurance Company	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Naglee Mansion Associates (owns 95-99 S. 14th St., San Jose, CA)	$50,001 - $100,000	NET INCOME DISTRIBUTED	$5,001 - $15,000	
SP	John Marshall Collins, Profit Sharing Plan		SEE NEXT ONE (1) LINE		

Name Zoe Lofgren | Page 4 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	-- Owns Charles Schwab Money Market Fund	$250,001 - $500,000	Interest	$15,001 - $50,000	
SP	Merrill Lynch IRA Account		SEE NEXT ONE (1) LINE		
	-- Owns Merrill Lynch Global Short Term Income Fund Stock	$100,001 - $250,000	Dividends	$5,001 - $15,000	
	Bank of America (checking)	$1,001 - $15,000	N/A	NA	
	California Public Employees Retirement System	$50,001 - $100,000	Interest	$5,001 - $15,000	
DC	Van Kampen American Capital Global Equity -B	$1,001 - $15,000	Dividends	$201 - $1,000	NA
DC	Alliance Growth Fund - B	$1,001 - $15,000	Dividends	$201 - $1,000	NA
DC	Smith Barney Money Funds	$1 - $1,000	Interest	$1 - $200	
	Charles Schwab Money Market Fund	$50,001 - $100,000	Interest	$1,001 - $2,500	
				$1 - $200	

Name Zoe Lofgren **Page** 5 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent or sibling of you or your spouse Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
SP	Fidelity Federal Savings & Loan	Mortgage on 95-99 S 14th St San Jose CA	$250,001 - $500,000
SP	San Jose Redevelopment Agency	Mortgage on 95-99 S 14th St San Jose CA	$100,001 - $250 000

Name Zoe Lofgren

Page 6 **of** 7

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Mother	Lofgren-Collins Household
Member & Vice Chair	Urban County Caucus (former)
Director	California State Association of Counties (former)
Member	University of Santa Clara Law School Board of Visitors

Name Zoe Lofgren

Page 7 of 7

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 2

Date	Parties To	Terms of Agreement
12/31/94	California Public Employee Retirement System (through County of Santa Clara, CA)	Continuing membership (vested) - no continuing contributions by employer or employee
12/31/94	First Interstate Bank (through County of Santa Clara, CA)	Savings plan - no continuing contributions by employer or employee

⑤

RECEIVED
96 MAY 15 PM 4:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

JAMES B. LONGLEY, JR.
(Full Name)

65 ESSEX ST.
PORTLAND, ME 04102
(Mailing Address)

202-773-6452 (H)
202-225-6116 (W)
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: MAINE District: 01	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☒	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL
x

DATE (Month/Day/Year)
5/15/96

Name LONGLEY, J.B.

Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$5,000
Civil War Roundtable (Oct.)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
UNUM LIFE INSURANCE CO., PORTLAND, ME	FINAL COMMISSIONS	945-
Spouse:		
LEWISTON PUBLIC LIBRARY	PUBLIC LIBRARY	N/A
ME. SCHOOL ADMINISTRATIVE DISTRICT NO. 51	SCHOOL DISTRICT	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name LONGLEY, J.B. | Page 3 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	SALE OF VACANT LOT YB ROBINSON Bldg LEWISTON, ME		X		12/95	X									

This page may be copied if more space is required.

Name LONGLEY, J. B.

Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP DC JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	ME BANK & TRUST	PERSONAL NOTE		X								
	FRIEDMAN & BABCOCK	LEGAL SERVICES	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name LONGLEY, J.B.

Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
CHAIR	GOV. LONGLEY SCHOLARSHIP FOUNDATION

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members officers, and employees

(16)

96 MAY 15 AM 9:31

MC HAND DELIVERED
(Office Use Only)

NITA M. LOWEY
(Full Name)

105 Beverly Road
Rye, NY 10580
(Mailing Address)

914-428-1707
Daytime Telephone

Filer Status	☒ Member of the U.S House of Representatives — State New York District 18	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Nita M. Lowey

DATE (Month/Day/Year) 5/14/96

Name NITA M. LOWEY

Page 2 of 15

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Lowey Dannenberg Bemporad & Selinger, P.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name NITA M. LOWEY

Page 3 of 15

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples : Association of American Associations, Wash , D C XYZ Magazine	Speech Article	Feb 2, 1994 Aug 13, 1994	$2,000 $500
NONE			

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Name NITA M. LOWEY

Page 4 of 15

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Citibank, N.A.				X										X						X								
JT	Chemical Bank		X												X					X									
JT	Citibank Landmark Fund								X				X											X					
JT	U.S. Treasury Notes and Bills								X						X									X					
S	Lowey Dannenberg Bemporad & Selinger,P.C.								X										NA										
S	Lowey Dannenberg Bemporad & Selinger Profit Sharing						X												NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 5 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	IRA - The Kaufman Fund						X												NA										
	IRA - Lehman Brothers			X															NA										
	U.S. Govt. Thrift Savings Plan		X																NA										
S	IRA Tweedy Browne					X													NA										
	NYS Retirement Plan			X															NA										
	NYS Def. Comp. Plan			X															NA										
JT	Gilder Gagnon & Howe Managed Acct.							X					X			X								X					
JT	M.D. Sass Reenterprise Fund							X								X									X				
JT	M.D. Sass Muni/Treasury Fund							X							X	X						X							
JT	EGS Partners							X					X			X									X				
S	Ingalls & Snyder Value Partnership							X							X	X								X					
S	P. Oppenheimer & Assoc. Inv. Ptnrsp						X						X			X								X					
S	Oppenheimer-Spence Partnership					X							X			X						X							
JT	EM New York Properties Partnership	X																	X										
	New York City G/O Bonds			X											X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 6 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	New York City Trans. Auth. Bonds				X										X							X							
	New York State Power Auth. Bonds			X											X						X								
	New York State Dorm. Auth. Bonds					X									X								X						
	Nassau County NY Bonds			X											X					X									
	Westchester County NY Bonds		X												X					X									
	Harrison NY Bonds			X											X						X								
	New York State G/O Bonds			X											X						X								
	NY State Local Gov. Asst. Bonds				X										X							X							
	MAC NY Bonds			X											X						X								
	Met. Trans. Auth. NY Bonds			X											X						X								
	Blackrock NY Ins. Muni Trust			X																	X								
	NY Daily Tax Free Fund		X																	X									
JT	NY State Local Govt. Asst. Bonds					X									X				X										
JT	NY State Med. Care Facs. Bonds				X										X				X										
JT	Met. Trans. Auth. NY Bonds			X											X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	NYC NY G/O Bonds					X									X				X										S
JT	NY State Rfdg. Bonds			X											X							X							
JT	NYS Dorm. Auth. Bonds					X									X							X							
S	Chase Manhattan Corp. Warrants **						X												X										S
JT	Nassau County Bonds				X										X							X							P
JT	NYS Medcare Facs. Bonds					X									X							X							P
JT	NYS Urban Dev. Bonds					X									X							X							P
JT	Lebenthal New York Muni Bond Fund					X																X							P
JT	Lebenthal NY Tax Free Fund			X																	X								
S	A Plus Network***			X									X						X										P
S	Consolidated Graphics***			X									X						X										P
S	Halsey Drug**				X																								P
S	Kurzweil**				X																								P
S	Oxford Resources ***		X										X						X										P
S	Prudential Money Market Fund					X							X								X								

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** Payment in kind of legal fee.

*** Recommended by Prudential Securities.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	Lennar Corp.			X									X						X										
S	Multimedia Inc.**					X							X						X										S
S	Teva Pharmaceutical Industries			X									X						X										
S	Toys 'R Us Inc. ***		X										X						X										
S	MCO Resources Inc. Sub Note**					X									X														
S	Bessemer Ala. Med. Bonds		X												X							X							S
S	Collier Cnty Fla. Cap. Impt. Bonds			X											X						X								
S	Lee County Fla. Hosp. Bonds		X												X					X									
S	Smith Barney Money Market Funds*			X									X							X									
S	AT&T Corp.*		X										X							X									
S	Abbott Laboratories*		X										X						X										
S	Bankamerica Corp.,*		X										X						X										
S	Bell Atlantic Corp.**					X							X									X							
S	Boeing Co.*		X										X						X										S
S	Centerior Energy Corp.*		X										X						X										S

This page may be copied if more space is required.

* Discretionary Account at Smith Barney.

** Payment in kind of legal fee.

***Recommended by Prudential

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 9 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	Chemical Banking Corp.*		X										X						X										
S	Colonial Group Inc.*		X										X						X										S
S	Corning Inc.*		X										X						X										
S	E.I. Dupont de Nemours & Co.*			X									X							X									S
S	GTE Corp.*		X										X						X										
S	Great Western Financial Corp.*		X										X						X										
S	McDonalds Corp.*		X										X						X										
S	Pepsico Inc.*		X										X						X										
S	Procter & Gamble Co.*												X																
S	Oppenheimer & Co. Money Market Fund			X									X							X									
S	TNP Enterprises Inc.			X									X								X								
S	Western Ohio Financial Corp.			X									X							X									
S	American Greetings Corp. *		X										X						X										P
S	Data Broadcasting **			X									X						X										P
S	Eastman Kodak *		X										X							X									P

This page may be copied if more space is required.

*Discretionary Account at Smith Barney.

**Payment in kind of legal fee.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 10 **of** 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	El Paso Nat. Gas*			X									X							X									P
S	General Motors*		X										X							X									P
S	Hanson PVC *		X										X							X									P
S	H.J. Heinz*		X										X							X									P
S	Calmat ****			X									X						X										P
S	Canadian PAC****			X									X						X										P
S	Ford Motor****			X									X							X									P
S	Hemlo Gold Mines****			X									X							X									P
S	Newhall Land Pship. ****			X									X						X										P
S	St. Joe Paper ****			X									X							X									P
S	Stone & Webster ****			X									X						X										P
S	Wellsford Residential Property ****			X									X							X									P
S	Alliance Muni Fund ****			X																X									P

This page may be copied if more space is required.

* Discretionary Account at Smith Barney

****Discretionary Account at P. Oppenheimer & Associates.

Name NITA M. LOWEY

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
JT	NYC NY G/O Bonds		X		3/10/95				X						
SP	Chase Manhattan Corp. Warrants **		X		Various Dates					X					
JT	Nassau County Bonds	X			1/15/95			X							
JT	NYS Medcare Facs.	X			7/24/95				X						
JT	NYS Urban Dev.	X			7/24/95										
JT	Lebenthal New York Muni Bond Fund	X			12/21/95				X						
S	A Plus Network***	X			2/16/95		X								
S	Consolidated Graphics***	X			10/17/95		X								
S	Halsey Drug**	X			11/8/95			X							
S	Kurzweil**	X			6/28/95			X							
S	Oxford Resources***	X			7/19/95	X									
S	Boeing Co.*		X		4/24/95	X									
S	Centerior Energy Corp. *		X		12/29/95	X									
S	Colonial Group Inc.*		X		3/30/95	X									
S	E.I. Dupont de Nemours & Co.*		X		5/22/95		X								
S	American Greetings Corp.*	X			11/15/95	X									

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*Discretionary Account at Smith Barney. ** Payment in kind of legal fee. ***Recommended by Prudential Securities.

Name NITA M. LOWEY

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
S	Data Broadcasting **	X			6/30/95		X								
S	Eastman Kodak*	X			4/25/95	X									
S	El Paso Nat. Gas*	X			4/24/95	X									
S	General Motors*	X			11/8/95	X									
S	Hanson PVC*	X			12/13/95	X									
S	H.J. Heinz	X			11/15/95	X									
S	Calmat ****	X			6/6/95		X								
S	Canadian PAC ****	X			6/10/95		X								
S	Ford Motor ****	X			11/13/95		X								
S	Hemlo Gold Mines ****	X			6/6/95		X								
S	Newhall Land ****	X			8/6/95		X								
S	St. Joe Paper ****	X			8/8/95		X								
S	Stone & Webster ****	X			6/6/95		X								
S	Wellsford Residential Property ****	X			8/8/95		X								
S	Alliance Muni Fund ****	X			5/1/95		X								
S	Multimedia Inc.**		X		12/7/95				X						

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*Discretionary Account at Smith Barney **Payment in kind of legal fee. ****Discretionary Account at P. Oppenheimer & Associate

Name NITA M. LOWEY

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
S	Bessemer Ala. Med. Bonds		X		10/2/95	X									

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Name NITA M. LOWEY	Page 13 of 15

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE												

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example	Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE			

Use additional sheets if more space is required.

Name NITA M. LOWEY

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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Name NITA M. LOWEY	Page 15 of 15

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 JUN -6 PM 12:50
[illegible]

✓ HAND DELIVERED
MC (Office Use Only)
(16)

NITA M. LOWEY (Full Name)
105 Beverly Road (Mailing Address)
Rye, NY 10580
(202) 225-6506 Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives State NY District 18	☐ Officer or Employee	Employing Office
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL x Nita M. Lowey

DATE (Month/Day/Year) x 6-6-96

Name NITA M. LOWEY

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Lowey Dannenberg Bemporad & Selinger, P.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name NITA M. LOWEY | Page 3 of 15

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C	Speech	Feb. 2 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name NITA M. LOWEY

Page 4 of 15

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP,	Examples: SP Mega Corp. Stock				X								X							X									P
DC,	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Citibank, N.A.				X										X						X								
JT	Chemical Bank		X												X					X									
JT	Citibank Landmark Fund								X				X											X					
JT	U.S. Treasury Notes and Bills								X						X									X					
S	Lowey Dannenberg Bemporad & Selinger, P.C.								X										NA										
S	Lowey Dannenberg Bemporad & Selinger Profit Sharing						X												NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
S	IRA - The Kaufman Fund						X												NA										
	IRA - Lehman Brothers			X															NA										
	U.S. Govt. Thrift Savings Plan		X																NA										
S	IRA Tweedy Browne					X													NA										
	NYS Retirement Plan			X															NA										
	NYS Def. Comp. Plan			X															NA										
JT	Gilder Gagnon & Howe Managed Acct.							X					X			X								X					
JT	M.D. Sass Reenterprise Fund							X								X									X				
JT	M.D. Sass Muni/Treasury Fund							X							X	X						X							
JT	EGS Partners							X					X			X									X				
S	Ingalls & Snyder Value Partnership							X							X	X								X					
S	P. Oppenheimer & Assoc. Inv. Ptnrsp						X						X			X								X					
S	Oppenheimer-Spence Partnership					X							X			X						X							
JT	EM New York Properties Partnership	X																	X										
	New York City G/O Bonds			X											X						X								

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SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 6 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	New York City Trans. Auth. Bonds				X										X							X							
	New York State Power Auth. Bonds			X											X						X								
	New York State Dorm. Auth. Bonds					X									X								X						
	Nassau County NY Bonds			X											X					X									
	Westchester County NY Bonds		X												X					X									
	Harrison NY Bonds			X											X						X								
	New York State G/O Bonds			X											X						X								
	NY State Local Gov. Asst. Bonds				X										X							X							
	MAC NY Bonds			X											X						X								
	Met. Trans. Auth. NY Bonds			X											X						X								
	Blackrock NY Ins. Muni Trust			X									X								X								
	NY Daily Tax Free Fund		X										X							X									
JT	NY State Local Govt. Asst. Bonds					X									X				X										
JT	NY State Med. Care Facs. Bonds				X										X				X										
JT	Met. Trans. Auth. NY Bonds			X											X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

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	SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
			A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
			None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	JT	NYC NY G/O Bonds					X									X				X										S
	JT	NY State Rfdg. Bonds			X											X							X							
	JT	NYS Dorm. Auth. Bonds					X									X							X							
	S	Chase Manhattan Corp. Warrants **						X												X										S
	JT	Nassau County Bonds				X										X							X							P
	JT	NYS Medcare Facs. Bonds					X									X							X							P
	JT	NYS Urban Dev. Bonds					X									X							X							P
✓	JT	Lebenthal New York Muni Bond Fund					X							X									X							P
✓	JT	Lebenthal NY Tax Free Money Fund			X									X								X								
	S	A Plus Network***			X									X						X										P
	S	Consolidated Graphics***			X									X						X										P
✓	S	Halsey Drug**				X								X						X										P
✓	S	Kurzweil**				X								X						X										P
	S	Oxford Resources ***		X										X						X										P
	S	Prudential Money Market Fund					X							X								X								

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** Payment in kind of legal fee.

*** Recommended by Prudential Securities.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

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	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	Lennar Corp.			X									X						X										
S	Multimedia Inc.**					X							X						X										S
S	Teva Pharmaceutical Industries			X									X						X										
S	Toys 'R Us Inc. ***		X										X						X										
S	MCO Resources Inc. Sub Note**					X									X								X						
S	Bessemer Ala. Med. Bonds		X												X							X							S
S	Collier Cnty Fla. Cap. Impt. Bonds			X											X						X								
S	Lee County Fla. Hosp. Bonds		X												X					X									
S	Smith Barney Money Market Funds*			X									X							X									
S	AT&T Corp.*		X										X							X									
S	Abbott Laboratories*		X										X						X										
S	Bankamerica Corp.,*		X										X						X										
S	Bell Atlantic Corp.**					X							X									X							
S	Boeing Co.*		X										X						X										S
S	Centerior Energy Corp.*		X										X						X										S

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* Discretionary Account at Smith Barney.

** Payment in kind of legal fee.

***Recommended by Prudential

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 9 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	Chemical Banking Corp.*		X										X						X										
S	Colonial Group Inc.*		X										X						X										S
S	Corning Inc.*		X										X						X										
S	E.I. Dupont de Nemours & Co.*			X									X							X									S
S	GTE Corp.*		X										X						X										
S	Great Western Financial Corp.*		X										X						X										
S	McDonalds Corp.*		X										X						X										
S	Pepsico Inc.*		X										X						X										
✓ S	Procter & Gamble Co.*		X										X							X									
S	Oppenheimer & Co. Money Market Fund			X									X							X									
S	TNP Enterprises Inc.			X									X								X								
S	Western Ohio Financial Corp.			X									X							X									
S	American Greetings Corp. *		X										X						X										P
S	Data Broadcasting **			X									X						X										P
S	Eastman Kodak *		X										X							X									P

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*Discretionary Account at Smith Barney. **Payment in kind of legal fee.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 10 of 15

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	El Paso Nat. Gas*			X									X							X									P
S	General Motors*		X										X							X									P
S	Hanson PVC *		X										X							X									P
S	H.J. Heinz*		X										X							X									P
S	Calmat ****			X									X						X										P
S	Canadian PAC****			X									X						X										P
S	Ford Motor****			X									X							X									P
S	Hemlo Gold Mines****			X									X							X									P
S	Newhall Land Pship. ****			X									X						X										P
S	St. Joe Paper ****			X									X							X									P
S	Stone & Webster ****			X									X						X										P
S	Wellsford Residential Property ****			X									X							X									P
S	Alliance Muni Fund ****			X									X							X									P

This page may be copied if more space is required.

* Discretionary Account at Smith Barney

****Discretionary Account at P. Oppenheimer & Associates.

SCHEDULE IV — TRANSACTIONS

Name NITA M. LOWEY

Page 11 of 15

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
JT	NYC NY G/O Bonds		X		3/10/95				X						
SP	Chase Manhattan Corp. Warrants **		X		Various Dates					X					
JT	Nassau County Bonds	X			1/15/95			X							
JT	NYS Medcare Facs.	X			7/24/95				X						
JT	NYS Urban Dev.	X			7/24/95				X						
JT	Lebenthal New York Muni Bond Fund	X			12/21/95				X						
S	A Plus Network***	X			2/16/95		X								
S	Consolidated Graphics***	X			10/17/95		X								
S	Halsey Drug**	X			11/8/95			X							
S	Kurzweil**	X			6/28/95			X							
S	Oxford Resources***	X			7/19/95	X									
S	Boeing Co.*		X		4/24/95	X									
S	Centerior Energy Corp. *		X		12/29/95	X									
S	Colonial Group Inc.*		X		3/30/95	X									
S	E.I. Dupont de Nemours & Co.*		X		5/22/95		X								
S	American Greetings Corp.*	X			11/15/95	X									

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*Discretionary Account at Smith Barney. ** Payment in kind of legal fee. ***Recommended by Prudential Securities.

SCHEDULE IV — TRANSACTIONS

Name NITA M. LOWEY

Page 12 of 15

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over
SP	Example: Mega Corporation Common Stock	X			10-12-95		X								
S	Data Broadcasting **	X			6/30/95		X								
S	Eastman Kodak*	X			4/25/95	X									
S	El Paso Nat. Gas*	X			4/24/95	X									
S	General Motors*	X			11/8/95	X									
S	Hanson PVC*	X			12/13/95	X									
S	H.J. Heinz	X			11/15/95	X									
S	Calmat ****	X			6/6/95		X								
S	Canadian PAC ****	X			6/10/95		X								
S	Ford Motor ****	X			11/13/95		X								
S	Hemlo Gold Mines ****	X			6/6/95		X								
S	Newhall Land ****	X			8/6/95		X								
S	St. Joe Paper ****	X			8/8/95		X								
S	Stone & Webster ****	X			6/6/95		X								
S	Wellsford Residential Property ****	X			8/8/95		X								
S	Alliance Muni Fund ****	X			5/1/95		X								
S	Multimedia Inc.**		X		12/7/95				X						

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*Discretionary Account at Smith Barney **Payment in kind of legal fee. ****Discretionary Account at P. Oppenheimer & Associ.

Name NITA M. LOWEY

Page 12A of 15

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
S	Bessemer Ala. Med. Bonds		X		10/2/95	X									
JT	Lebenthal NY Tax Free Money Fund	X			4/28/95	X									

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Name NITA M. LOWEY

Page 13 of 15

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability									
				B	C	D	E	F	G	H	I	J	K
				$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
	NONE												

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example	Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE			

Use additional sheets if more space is required.

Name NITA M. LOWEY | Page 14 of 15

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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Name NITA M. LOWEY	Page 15 of 15

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

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(5)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Frank D. Lucas
(Full Name)

Rt. 2, Box 136A
(Mailing Address)
Cheyenne OK 73628

Daytime Telephone:
(202) 225-5565

MC
(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U S House of Representatives	State OK District 06	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S.C app 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL
Frank D. Lucas

DATE (Month/Day/Year)
5-9-96

Name Frank D. Lucas | Page 2 of 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* SP Mega Corp. Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Panhandle Royalty Co. Stock	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Security State Bank, Cheyenne, OK	$1 - $1,000	Interest	$1 - $200	NA
SP	Western Farm Bureau IRA	$1,001 - $15,000	Interest	$1 - $200	NA
	Apache Corporation		Royalty	$201 - $1,000	NA
	Oryx Energy Co		Royalty	$1,001 - $2,500	NA
	RB Operationg Co		Royalty	$1 - $200	NA
	Santa Fe Minerals, Inc		Royalty	$5,001 - $15,000	NA
	Amoco Production Co		Royalty	$1,001 - $2,500	NA

Name Frank D. Lucas | **Page** 3 of 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	480acres-Farmland,House,Equip.,&Cattle, Cheyenne, OK	$100,001 - $250,000	Farm Income	$15,001 - $50,000 (gross)	NA
	103 acres-Mineral Rights Roger Mills, OK	$100,001 - $250,000	See above individual companies		NA
	Public Employee Retirement	$15,001 - $50,000		NA	NA
SP	Oklahoma Teacher Retirement	$1,001 - $15,000		NA	NA
SP	Texas Teacher Retirement	$1,001 - $15,000		NA	NA
DC	Security State Bank, Cheyenne, OK	$1,001 - $15,000	Interest	$1 - $200	NA

Name Frank D Lucas

Page 4 **of** 5

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Security State Bank, Cheyenne,OK	Mortgage on Roger Mills Farm	$15,001 - $50,000
JT	Security State Bank, Cheyenne, OK	Operating Loan on Farm	$10,001 - $15,000

Name Frank D Lucas **Page** 5 **of** 5

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25

	Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	National Meat Institute	August 27-28, 1995	OKC, OK - Aspen, CO - OKC, OK	Y	Y	Y	No
	National Association of Life Companies	October 15-16, 1995	OKC, OK - Williamsburg, VA - Washington, DC	Y	Y	N	No

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

William P. Luther
(Full Name)

6375 St. Croix Trail N., #147
(Mailing Address)

612-730-4949
(Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives — State: Minnesota District:	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	**Yes** ☒	**No** ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	**Yes** ☐	**No** ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	**Yes** ☐	**No** ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	**Yes** ☒	**No** ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	**Yes** ☒	**No** ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	**Yes** ☐	**No** ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	**Yes** ☒	**No** ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	**Yes** ☐	**No** ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	**Yes** ☒	**No** ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	**Yes** ☐	**No** ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	**Yes** ☐	**No** ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL William P Luther

DATE (Month/Day/Year) May 15, 1996

Name William P. Luther	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	William P. Luther, Attorney at Law, 6375 St. Croix Trail N., Stillwater, MN 55082	Legal Fees for Services Rendered Prior to 1/1/95	Gross $20,915 Net 12,586
	State of Minnesota, House of Representatives State Capitol, St. Paul, MN 55155 (including related positions)	Spouse Salary	Not Applicable

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William P. Luther

Page 3 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	B: A None – $1,000	B None – $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Former Law Practice (sole proprietorship in Schedule I)			X									See Schedule I.																
	1/2 interest in 7 acres, unimproved real estate, NW corner of Hwy 210 & old 210, Fergus Falls, MN					X													X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William P. Luther

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	Checking accounts, First Bank, 90 S. 6th St., Mpls., MN 55480		x												x				x										
SP	Checking account, Marquette Bank Brooklyn Park, 7575 Brooklyn Blvd., Brooklyn Park, MN 55443		x												x				x										
SP	Savings account, First Bank, 90 S. 6th St., Mpls., MN 55480		x												x				x										
DC	Savings account, Marquette Bank Brooklyn Park, 7575 Brooklyn Blvd., Brooklyn Park, MN 55443		x												x				x										
	Law firm profit sharing and pension trust, Richard L. Luther, Trustee, 601 Lakeshore Pkwy., Suite 750, Minnetonka, MN 55305							x					Not Applicable.																
JT	MN State Legislator's Defined Benefit Retirement Plans, 175 West Lafayette Frontage Rd. S. St. Paul, MN 55107					x							Not Applicable.																
JT	MN State Deferred Compensation Plans, Minnesota Mutual General Accounts, 400 Robert St. N., St. Paul, MN 55101					x									x								x						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William P. Luther

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Dean Witter Liquid Asset Funds & Dean Witter Short-term U.S. Treasury Trust, mutual funds, 333 S. 7th St., Suite 1300, Mpls., MN 55403			x									x		x						x								
SP	Great Hall Money Market, mutual fund, Dain Bosworth, 601 Lake shore Pkwy., Suite 190, Minnetonka, MN 55305		x												x					x									
SP	Tokai Bank of California, Los Angeles, CD (purchased from proceeds of matured CD at Washington Federal Savings Bank, which was purchased from proceeds of matured CDs at First Heights Bank FSA, which were purchased from proceeds of matured CD at Southern Pacific S & L, Culver City, California, c/o Dain Bosworth, 601 Lakeshore Pkwy., Suite 190, Minnetonka, MN 55305			x											x						x								
SP	Putnam Funds, mutual funds, 265 Franklin St., Boston, MA 02110 c/o Dain Bosworth, 601 Lakeshore Pkwy., Suite 190, Minnetonka, MN 55305			x									x			x						x							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William P. Luther

Page 6 of 9

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
SP	Voyageur Funds, mutual funds, 90 S. 7th St., Suite 4400, Mpls. MN 55402, c/o Dain Bosworth, 601 Lakeshore Pkwy., Suite 190, Minnetonka, MN 55305			x									x			x					x								
SP	IRA Dain Bosworth (Great Hall Prime Money Market), 601 Lakeshore Pkwy., Suite 190, Minnetonka, MN 55305 (includes all funds from IRA holdings referenced in previous report).		x										x		x	x					x								
DC	Trusts dated 2/1/78 and 12/21/82, Kemper Total Return Fund and Money Market Funds, c/o FSC Securities Corp., 2300 Windy Ridge Pkwy., No. 1100, Marietta, Georgia 30067			x									x		x	x						x							

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SCHEDULE IV — TRANSACTIONS

Name William P. Luther

Page 7 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
SP	IRA, Dain Bosworth, 601 Lakeshore Pkwy., Suite 190, Minnetonka, MN 55305														
	CNS Inc.		x		2/23/95	x									
	"	x			4/21/95	x									
	"		x		8/8/95	x									
	Metropolitan Financial Corp.		x		1/24/95	x									
	(including First Bank System, Inc. stock obtained in merger)		x		12/13/95	x									
	Hutchinson Technology, Inc. (gain)	x			1/24/95	x									
	"		x		4/21/95	x									
	High Plains Corporation (loss)	x			2/24/95	x									
	"	x			5/19/95	x									
	"		x		12/13/95	x									

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Name William P. Luther

Page 8 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT		Gene Volk, Onamia, MN 56359	Home, materials/ installation, repair	x									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

	Source	Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
		Not Applicable.	

Use additional sheets if more space is required.

Name William P. Luther **Page** 9 **of** 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Congressional Study Group	Feb. 3-5	Washington, D.C.--	Y	Y	N	N
	on Germany		Piney Point, Maryland				

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WILLIAM P. LUTHER
6375 St. Croix Trail North, #147
Stillwater, MN 55082
(612) 351-7509

June 12, 1996

①

✓
MC

The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Bldg.
Washington, D.C. 20515

Dear Clerk:

This letter is merely to clarify an entry that was incorrectly reported in my 1996 Financial Disclosure Statement filed with you on May 15, 1996.

> Schedule VI--Liabilities--The correct address for Gene Volk is Buffalo, Minnesota rather than Onamia, Minnesota as reported in the schedule.

Should you have any questions regarding the above, please let me know. Thank you.

Sincerely,

William P. Luther

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

96 MAY 13 PM 2:47

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U S HOUSE OF REPRESENTATIVES

(4)

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mc

(Office Use Only)

Karen McCarthy
(Full Name)

1232 Longworth House Office Building (Mailing Address) 202-225-4535 (Daytime Telephone)

Washington, D.C. 20515

Filer Status	☒ Member of the U S House of Representatives State Missouri District Fifth	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned' income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S.C. app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Karen McCarthy

DATE (Month/Day/Year) May 10, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Karen McCarthy

Page 2 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples.	SP	Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		Fund/Money Market (Vista), St. Louis			X									X									X							
		IRA/Waddell & Reed, Kansas City, MO		X												-NA-								-NA-						
		Paine Webber/Money Market, Kansas City			X											X						X								
		State of MO State Retirement System Jefferson City, MO		X												-NA-								-NA-						
		State of MO Preferred Compensation Plan, Jefferson City, MO		X												-NA-								-NA-						

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Karen McCarthy

Page 3 **of** 4

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

			Type of Transaction			**Date**	**Amount of Transaction**									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	**B** $1,001–$15,000	**C** $15,001–$50,000	**D** $50,001–$100,000	**E** $100,001–$250,000	**F** $250,001–$500,000	**G** $500,001–$1,000,000	**H** $1,000,001–$5,000,000	**I** $5,000,001–$25,000,000	**J** $25,000,001–$50,000,000	**K** Over $50,000,000
SP, DC, JT	**Asset**															
SP	*Example:*	Mega Corporation Common Stock	X			10-12-95		X								
	Marion Merrell Dow, Inc. Stock			X		7-20-95	X									

This page may be copied if more space is required.

Name Karen McCarthy

Page 4 of 4

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nat. Conf. of State Legislatures	July 16-17	Kansas City-Milwaukee-DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995	Form A For use by Members, officers, and employees

Bill McCollum a/k/a Ira William McCollum, Jr
(Full Name)

600 Thistlewood Court
(Mailing Address)

Longwood FL 32779

Daytime Telephone: (202)225-2176

Filer Status	☒ Member of the U.S. House of Representatives	State: FL District: 08	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

(1)

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(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒ No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL Bill McCollum

DATE (Month/Day/Year) May 13, 1996

Name Bill McCollum a/k/a Ira William McCollum, Jr **Page** 2 **of** 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP,	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC, *Examples* SP	123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	40 acres real property, Hernando County, Florida (60% interest)	$50,001 - $100,000 (good faith estimate)	No income from it	NA	
	Barnett Bank accounts	$1,001 - $15,000	Interest	$201 - $1,000	
	Congressional Federal Credit Union Account	$1,001 - $15,000	Dividends	$1 - $200	
	Eubanks, Hilyard, et al, P A. Profit Sharing Plan - Sun Trust	$50,001 - $100,000	Dividends, Interest, Cap Gains	NA	
	IRA-Vanguard Fiduciary Trust Prime Portfolio	$1,001 - $15,000	Dividends	$201 - $1,000	
	IRA-Vanguard Fiduciary Trust - Computer Network Technology Stock	$1,001 - $15,000	No income	NA	
	Quick & Reilly Alliance Prime Portfolio	$1,001 - $15,000	Dividends	$201 - $1,000	

Name Bill McCollum a/k/a Ira William McCollum, Jr **Page** 3 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Sun Trust Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
	Quantum Corporation Stock	$1,001 - $15,000	No income	NA	
	OEX Jan 565 Put Options	$1,001 - $15,000	No income	NA	
	Vanguard Municipal Bond Money Market Portfolio	$15,001 - $50,000	Interest	$201 - $1,000	

Name Bill McCollum a/k/a Ira William McCollum, Jr

Page 4 **of** 7

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Computer Network Technology Stock	Sold	5-9-95	$1,001 - $15,000
	Q Logic Corporation Stock	Sold	6-13-95	$1,001 - $15,000
	Terra Industries Stock	Purchase	6-13-95	$1,001 - $15,000
	Terra Industries Stock	Sold	9-8-95	$1,001 - $15,000
	Quantum Corporation Stock	Sold	5-5-95	$1,001 - $15,000
	ICN Pharmaceuticals Stock	Purchase	2-22-95	$1,001 - $15,000
	ICN Pharmaceuticals Stock	Sold	12-8-95	$15,001 - $50,000
	Quantum Corporation Stock	Purchase	11-1-95	$1,001 - $15,000
	OEX Jan 435 Call Options	Sold	1-16-95	$1,001 - $15,000
	OEX Feb 430 Put Options	Purchase	1-17-95	$1,001 - $15,000
	OEX Feb 430 Put Options	Sold	1-23-95	$1,001 - $15,000
	OEX Feb 430 Put Options	Purchase	1-25-95	$1,001 - $15,000
	OEX Feb 435 Put Options	Purchase	2-2-95	$1,001 - $15,000
	OEX April 455 Put Options	Purchase	3-21-95	$1,001 - $15,000
	OEX Nov 555 Put Options	Purchase	11-9-95	$1,001 - $15,000
	OEX Dec 560 Put Options	Purchase	11-16-95	$1,001 - $15,000
	OEX Jan 565 Put Options	Purchase	12-18-95	$1,001 - $15,000

Name Bill McCollum a/k/a Ira William McCollum, Jr **Page** 5 **of** 7

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	National Association of Manufacturers	2/10-11/95	Orlando - Palm Beach - Orlando	Y	Y	N	No
	The Congressional Study Group on Germany	4/12-23/95	Orlando - Dresden - Berlin - Frankfurt - Orlando	Y	Y	Y	Yes, 5 days 4/13-17/95
	Massachusetts Bankers Association, Inc.	5/14-15/95	Orlando - West Palm - Washington	Y	Y	N	No

Name Bill McCollum a/k/a Ira William McCollum, Jr **Page** 6 **of** 7

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
President	Bill McCollum Intern Program, Inc. (non profit for high school students)
President	Committee on Limiting Terms, Inc. (non profit educational)
President	Committee on Limiting Terms Lobby, Inc. (non profit educational)

Name Bill McCollum a/k/a Ira William McCollum, Jr. | **Page** 7 **of** 7

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-3-81	Eubanks, Hilyard, et al, P.A.	There is no written or formal agreement, but my former law firm and its successor (named in "Parties To") have allowed me to keep the principal accumulated before my employment terminated in the firm's profit sharing plan and to share
	Eubanks, Hilyard (continued)	proportionately in the earnings of the plan.

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A $200 penalty shall be assessed against anyone who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

James Otis McCrery, III
(Full Name)

225 Cannon House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone: 202.225.2777

Filer Status	☒ Member of the U S House of Representatives	State LA District 05	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C. app 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL
Jim McCrery

DATE (Month/Day/Year)
5/14/96

Name James Otis McCrery, III | **Page** ___ **of**

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12 13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	KTBS-TV, Shreveport, Louisiana	Spouse Salary	NA
	The Forum Magazine, Shreveport, Louisiana	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name James Otis McCrery, III | **Page** ____ **of** ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None "	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, *Examples* SP JT	Mega Corp Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	IRA, Commercial National Bank, Shreveport, Louisiana	$15,001 - $50,000			
	Wright-Patman CFCU, Washington, DC	$15,001 - $50,000	Interest	$201 - $1,000	
	Land, Rapides Parish, Louisiana (A 1/6 undivided interest in approximately 62 acres).	$1 - $1,000	Bonus Payment	$201 - $1,000	
	Land, Vernon Parish, Louisiana (An undivided 1/2 interest in approximately 36 acres, including residence and 12 unit apartment complex)	$100,001 - $250,000			
	Land, DeSoto Parish, Louisiana (An undivided interest in approximately 160 acres)	$1,001 - $15,000	Capital Gains (Sale of Timber)	$1,001 - $2,500	

Name James Otis McCrery, III | **Page** ___ of ___

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time *not* at sponsor's expense
Examples Chicago Chamber of Commerce	Mar.2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C -Los Angeles-Cleveland	Y	Y	Y	4 Days
American Isreal Education Fund	8/7-8/14, 1995	Shreveport, Louisiana-Tel Aviv, Isreal-Shreveport, Louisiana	Y	Y	Y	no
Danny Thompson Memorial Golf Tournament	8/22-8/26, 1995	Shreveport, Louisiana--Sun Valley, Idaho--Shreveport, Louisiana	Y	Y	Y	no
Corning Incorporated	12/1-12/3, 1996	Washington, DC-Augusta, Georgia-Washington, DC	Y	Y	N	no

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Joseph Michael McDade (Full Name)

2107 Rayburn HOB

Wash, D.C. 20515 (Mailing Address)

Daytime Telephone 202-225-3731

MC HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U S House of Representatives State PA District 10th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☒ No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL Joseph McDade

DATE (Month/Day/Year) 5-14-96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Joseph Michael McDade

Page 2 of 27

			BLOCK B Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		BLOCK A Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
		Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											If other than one of the listed categories, specify the type of income by writing a brief description in this block.						For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP,	Examples: SP	Mega Corp. Stock				X								X							X									P
DC,		123 Main St., Dover, Del.							X						X											X				
JT		1st Bank of Paducah, KY accounts					X									X							X							
JT		Congressional C.U. accounts		x												x					x									
SP		Congressional C.U. account	x													x				x										
		Paris Business Forms		x										x						x										
SP		Vanguard Spec.Health Mut.(IRA)		x										x						na										
JT		307 Clark Ave.Clarks Summit PA (half-home, half-rented)					x								x									x						
JT		Vanguard PA Tax-free Money Market		x										x						x										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Michael McDade

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
	*All of the SP stocks listed below were inherited fr/mother	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
* SP	American Brands		x										x						x										
SP	AT&T		x										x						x										
SP	Bristol-Myers-Squibb		x										x						x										
SP	Chrysler Corp.		x										x						x										
SP	Coca-Cola		x										x						x										
SP	General Motors		x										x						x										
SP	Paine Webber Global Income A		x										x						x										
SP	Strategic Global Income		x										x						x										
SP	WD 40		x										x						x										
	Lindner Dividend Fund (IRA)			x									x						na										
JT	Vanguard Short-term Corporate Mutual Fund					x							x										x						
JT	Vanguard Wellesley Income Mutual Fund					x							x			x								x					
JT	Vanguard GNMA Portfolio Mutual Fund		x										x							x									
	Fidelity Spartan Limited Maturity Gov't Fund (IRA)		x										x						na										
	Fidelity Asset Manager (IRA)					x							x						na										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Michael McDade

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Fidelity Balanced Fund (IRA)				x								x						na										
JT	2 Westridge Road Cooperstown, NY						x							x								x							
	Land-AvocaPA 2-2-350 .80 acres Land-DuPontPA 15-1002 19 acres		x											x								x							
	Mortgage on Land,Luzerne Cnty a) Billboard on Mortgaged Land (b)					(a)								(b)					(a)				(b)						
	RE: ABOVE LISTING. THERE IS NO INCOME																												
	FROM MORTGAGE. THE INCOME IS FROM																												
	BILLBOARD ON MORTGAGED LAND.																												

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Name Joseph Michael McDade | Page 5 of 27

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	PNC Bank, Nat. Assoc. Scranton,PA	Primary equity loan on 307 Clark Ave.Clarks Summit, PA		x								
JT	" " " " "	Secondary equity loan on above property		x								

SCHEDULE VI — GIFTS

See attached report from Joseph M. McDade Legal Defense Fund

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Joseph Michael McDade

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Kennedy Center for the Performing Arts (uncompensated)
"	Keystone Junior College, LaPlume, Pennsylvnia (uncompensated)
"	Guthrie Healthcare Systems, Sayre, PA (uncompensated)
"	Fords' Theatre (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT #531-00791-9

1995 DEPOSIT SCHEDULE

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	AMOUNT
01/11/95	SCHWARTS, B L	944 FIFTH AVENUE	NEW YORK, NY	10021	$1,000.00
01/12/95	MCDADE, PAUL J & ANN A.	407 LANSDOWN AVENUE	CLARKS SUMMIT, PA	18411	200.00
01/23/95	MAGLIOCCHETTI, PAUL	1755 JEFFERSON DAVIS HIGHWAY, #1107	ARLINGTON, VA	22202	5,000.00
01/25/95	TALOS	460 HERNDON PARKWAY	HERNDON, VA	22070	3,000.00
02/07/95	REDDINGTON, DOMINIC & MONA	233 NAY AUG PLACE	SCRANTON, PA	18510	100.00
02/10/95	HORNER, CHARLES T. & MARY K.	2123 MARLBORO DRIVE	ALEXANDRIA, VA	22304	50.00
02/17/95	ASHLEY, THOMAS & RINCK, SANDRA	700-13TH ST., NW, NO.1170	WASHINGTON, DC	20005	350.00
02/21/95	O'KEEFE, SEAN C.	ENERGY CENTRE, STE. 3200			
		1100 POYDRAS STREET	NEW ORLEANS, LA	70163	250.00
03/05/95	MOORE, W HENSON	9605 PINKNEY CT	POTOMAC, MD	20854	100.00
03/17/95	KASTEN & CO.(ROBERT KASTEN JR.)	815 CONNECTICUT AVE.N W. SUITE 800	WASHINGTON, D C	20006	250.00
04/05/95	LENT & SCRIVNER	555-13TH ST N.W., SUITE 305 EAST	WASHINGTON, D C.	20004	250.00
03/22/95	WILLIAM J. TATTERSALL	FOUR OAKS STABLE R.D. 4	BETHLEHEM, PA	18015	100.00
03/31/95	THOMAS & MARY CORCORAN	2700 VIRGINIA AVE. N.W. 710	WASHINGTON, D.C.	20037	100.00
04/03/95	PATRICK E. O'DONNELL	1919 PA AVE., N.W., STE 800	WASHINGTON, D.C.	20006	100.00
03/31/95	JAMES & SYLVIA SYMINGTON	3900 WATSON PL., N.W.	WASHINGTON, D C.	20016	100.00
04/03/95	JOSEPH BLATCHFORD	1919 PA AVE., N W. STE 800	WASHINGTON, D.C.	20006	100.00
03/31/95	ATTY THOMAS HENRY QUINN	1919 PA AVE., N W.	WASHINGTON, D C.	20006	100.00
04/03/95	WM. A. GEOGHEGAN	8008 RISING RIDGE RD.	BETHESDA, MD	20817	250.00
03/28/95	JOHN J EGAN	180 RUGBY ROAD	LONGMEADOW, MA	01106	250.00
04/04/95	JAMES L. ERVIN	206 S. LEE ST.	ALEXANDRIA, VA.	22314	200.00
04/04/95	D.F ANTONELLI, & JUDITH ANTONELLI	1725 DESALES ST. N.W., NO 700	WASHINGTON, D.C.	20036	200.00
04/19/95	KAYLENE H. GREEN	P.O.BOX 419	OAKTON, VA	22124	1,000.00
04/12/95	AUSTEN W. WATSON	1215 JEFFERSON DAVIS HWY., STE 1203	ARLINGTON, VA	22202-4302	200.00
04/06/95	BRYCE L. HARLOW	2324 JACKSON PKY	VIENNA, VA	22180-6966	500.00
04/10/95	HARLEY GARRETT	9706 DAYS FARM DRIVE	VIENNA, VA	22182-7302	100.00
03/17/95	JOHN & ELIZABETH RHODES	860 W. MOUNTAIN VIEW DR.	MESA, AZ	85291	50.00
03/13/95	WILLIAM PITTS, JR	4767 NORTH 24TH ROAD	ARLINGTON, VA	22207	250.00
03/16/95	STEVEN STOCKMEYER	1414 KURTZ RD.	MCLEAN, VA	22101	250.00
03/15/95	EDWARD & MARY BOLAND	87 RIDGEWAY CIRCLE	SPRINGFIELD, MA	01118	200.00
03/15/95	JOHN & BOBETTE WINKEL	10036 CHARTWELL MANOR COURT	POTOMAC, MD	20854	1,000.00
03/10/95	PAUL & MAUREEN MCGOWAN	8041 QUARRY RIDGE WAY	BETHESDA, MD	20817	1,000.00

JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT #531-00791-9

1995 DEPOSIT SCHEDULE

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	AMOUNT
03/13/95	ROBERT & JEAN DEE				500.00
03/29/95	MATTHEW MCHUGH	2420 LANCASTER COURT	FALLS CHURCH, VA	22043	100.00
04/21/95	JOHN SCASSELLATI	300 CENTER ST	JESSUP, PA	18434	100.00
04/05/95	NFL PAC	P.O BOX 2301	ARLINGTON, VA	22202	500.00
04/03/95	GEORGE HOUSER	RD 2, BOX 376	ROME, PA	18837	2,000 00
03/28/95	DOGGETT ENTERPRISES, INC.	719-10TH ST., N W	WASHINGTON, DC	20001	1,000 00
03/28/95	USX CORPORATION		PITTSBURGH, PA	15219-4776	1,500 00
03/21/95	CAPITOL LINK	P O. BOX 9183	ARLINGTON, VA	22219	250.00
03/29/95	ENRON CORP	750 17TH ST., N.W 4TH FLOOR	WASHINGTON, DC	20006-4607	500.00
03/22/95	LABORERS POL LEAGUE ED FUND	905- 16TH STREET NW	WASHINGTON, DC	20006	5,000 00
03/31/95	SEAFARERS POLITICAL ACTIVITY DON SP ACCT	5201 AUTH WAY	CAMP SPRINGS, MD	20746	5,000.00
03/14/95	IRONWORKERS POLITICAL ACTION LEAGUE	1750 NEW YORK AVE , NW	WASHINGTON, DC	20006	1,000 00
04/24/95	JACK VALENTI	1600 EYE STREET, NW	WASHINGTON, DC	20006	500.00
04/19/95	WEA MANUFACTURING INC.	P O BOX 321	OLYPHANT, PA	18447	2,500 00
04/20/95	JOHNSON, RADY & MIMI	1330 MERRIE RIDGE RD	MCLEAN, VA	22101	500.00
04/07/95	FLO-SUN SUGAR CO	316 ROYAL POINCIANA PLAZA	PALM BEACH, FLORIDA	33480	250.00
04/22/95	HYMEL, GARY & ALICE	6114 NEVADA AVE., NW	WASHINGTON, DC	20015	200 00
04/23/95	YARBOROUGH, WILLIAM JR. COLONEL	1453 WRIGHTSBORO ROAD, NW	THOMSON, GA	30824+0115	25.00
04/24/95	RAYTHEON POLITICAL ACTION COMM	141 SPRING STREET	LEXINGTON, MA	02173-7899	500 00
05/01/95	ACKER, WARREN	P.O BOX 573	WAVERLY, PA	18471	250 00
05/03/95	MCGOWAN, MICHAEL	7002 EXETER RD.	BETHESDA, MD	20814	250 00
05/03/95	MCGOWAN, BRENDAN	8041 QUARRY RIDGE WAY	BETHESDA, MD	20817	100 00
05/01/95	STANTON, JAMES	1310 19TH ST NW SUITE LL	WASHINGTON, DC	20036	2,000 00
04/24/95	AUTO HOLDINGS, INC (MCANDREWS & FORBES)	SUITE 575 1455 PENNSYLVANIA AVE NW	WASHINGTON, DC	20004	5,000 00
04/26/95	PHILIP MORRIS COMPANIES INC	120 PARK AVE	NEW YORK , NEW YORK	10017-5592	5,000 00
04/26/95	SOPHOS, MARY	4901 N 13TH ST	ARLINGTON, VA	22205	100 00
05/01/95	PITTS, WILLIAM JR.	4767 NORTH 24TH ROAD	ARLINGTON, VA	22207	251 00
04/26/95	CONNERTON RAY & SIMON	1920 L STREET NW 4TH FLOOR	WASHINGTON, DC	20036	1 000 00
05/01/95	ANN EPPARD ASSOCIATES LTD	30 WOLFE STREET	ALEXANDRIA, VA	22314	1,000 00
04/20/95	DUCHOSSOIS INDUSTRIES, INC	845 LARCH AVE	ELMHURST, ILLINOIS	60126	5,000 00
05/08/95	WHITE, JUSTUS & JENNIFER	2775 S QUINCY ST , STE 520	ARLINGTON VA	22206	500 00
05/06/95	HEWITT, FRANKIE	9523 STANHOPE ROAD	KENSINGTON, MARYLAND	20895	1,000 00

JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT #531-00791-9

1995 DEPOSIT SCHEDULE

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	AMOUNT
04/24/95	WORTLEY, GEORGE	624 ORTON AVE	FT. LAUDERDALE, FL	33304	500.00
05/08/95	DALFERES, GEORGE	12602 TARTAN LN.	FT. WASHINGTON, MD	20744	110.00
04/21/95	WHITE, LETITIA & RICHARD	13901 PISCATAWAY DR.	FT. WASHINGTON, MD	20744	250.00
05/05/95	BUCKNER, ROY & DARLA JO	1030 S. BARTON ST #285	ARLINGTON, VA	22204	125.00
05/05/95	MARTIN, DAVID & DANA	11601 FALLS RD	POTOMAC, MD	20854	1,000.00
05/01/95	SMITH, RICHARD	12810 WYCKLAND DR.	CLIFTON, VA	22024	125.00
05/04/95	CESARE, JOSEPH DR. & KATHRYN	120 OLD ORCHARD ROAD	CLARKS GREEN, PA	18411	1,000.00
05/05/95	CARLUCCI, FRANK & MARCIA	1207 CREST LANE	MCLEAN, VA	22101	300.00
05/11/95	GEMMEL, JOSEPH & BRYANT, BETTY	2920 YOST PL., N.E.	WASHINGTON, DC	20018	100.00
05/11/95	SMITH, JAMES	5214 FARRINGTON RD	BETHESDA, MD	20816	500.00
05/10/95	GAINE, JOHN & PATRICIA	5936 SEARL TERRACE	BETHESDA, MD	20816	100.00
05/11/95	MICHEL., ROBERT	322 – 8TH STREET, SE.	WASHINGTON, D.C.	20003	1,000.00
05/10/95	WOLLERTON, CHARLES LTC(RET)& SOMMER, STEPHANIE	1710 23 RD. ST SOUTH	ARLINGTON, VA	22202	500.00
05/03/95	CARY, FREEMAN DR.	1505 W. PINES DR.	CHARLOTTESVILLE, VA	22901	100.00
05/11/95	WACLAWSKI, MARK	409 COLIN LN., N.W.	VIENNA, VA	22180	500.00
05/09/95	BROWN, CYNTHIA	125 – 11TH ST. SE.	WASHINGTON, DC	20003	1,000.00
05/09/95	POWNALL, THOMAS	1800 K STREET NW. SUITE 724	WASHINGTON, DC	20006	400.00
05/11/95	SERAPHIN, ROBERT	1725 JEFFERSON DAVIS HWY., STE 901	ARLINGTON, VA	22202	250.00
05/10/95	FLAHERTY, MICHAEL ATTORNEY	310 N. CAROLINA AVE., S.E.	WASHINGTON, DC	20003	500.00
03/28/95	SCHWARTZ, B.L.	944 FIFTH AVE	NEW YORKNY	10021	1,000.00
05/11/95	KRISER, LOUIS & JANE	2525 LAKEVALE DR.	VIENNA, VA	22181	100.00
05/08/95	HOWELL, MARY	1101 PENNSYLVANIA AVE., N.W., STE 400	WASHINGTON, DC	20004	200.00
05/09/95	GILBERT, SANDRA	2414 GARNETT DR.	ALEXANDRIA, VA	22311	250.00
05/11/95	GANDY, HENRY	500 COLECROFT COURT	ALEXANDRIA, VA	22314	250.00
05/11/95	MCMANUS, PAUL & KAREN	HC 75, BOX 119-A(LOW)	LOCUST GROVE, VA	22508	250.00
04/24/95	HEFTI, MARLIN	1001 PENNSYLVANIA AVE., N.W. SUITE 700	WASHINTON, DC	20004	100.00
05/11/95	BARRY, ALBERT & ELIZABETH	207 WILD CHERRY RD	COLUMBIA, SC	29223	200.00
05/09/95	TINDAL, D'ANNA & RICHARD	2346 GREENWICH ST	FALLS CHURCH, VA	22046	250.00
05/11/95	HINDENBRAND,WILLIAM	700 7TH ST SW., APT 818	WASHINGTON, DC	20024	500.00
05/10/95	NELSON, PAUL	3121 QUEBEC PL. N.W.	WASHINGTON, DC	20008	500.00
05/10/95	REES, CLIFFORD JR. LT. GENERAL & JOAN	2487 OAKTON HILLS DR	OAKTON, VA	22124-1530	250.00
05/11/95	VENNERS, JOHN	901 N STEWART ST., STE. 750	ARLINGTON, VA	22203	500.00

JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT #531-00791-9

1995 DEPOSIT SCHEDULE

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	AMOUNT
05/10/95	SIMON, CHRISTINE & THEODORE	280 S RIVER RD.	FRONT ROYAL, VA.	22630	1,000.00
04/20/95	PIASECKI, FREDERICK	1 BUCK LANE	HAVERDORD, PA	19041	1,000.00
05/08/95	PIASECKI, JOHN	TUNBRIDGE ROAD	HAVERFORD, PA	19041	1,000.00
05/11/95	RAVECHE, ELIZABETH & HAROLD	HOSIE HOUSE STEVENS INST OF TECH	HOBOKEN, NJ	07030	250.00
05/09/95	TIP EDUCATIONAL FUND HOTEL EMPLOYEES AND				
	RESTAURANT EMPLOYEES INTERNATIONAL UNION	1219 — 28TH STREET N W	WASHNGTON, DC	20007	1,000.00
05/09/95	SYKES, MELVIN FRANCIS ATTORNEY	P O BOX 404	SOLOMONS MD	20688-0404	1,000.00
05/10/95	SCHULTZE, RICHARD & RICHARD JR				250.00
05/10/95	DONOHUE, JAMES & ANN	531 FALLS RD	GREAT FALLS VA	22066	500.00
05/08/95	ERVIN TECHNICAL ASSOCIATES INC	206 S LEE ST	ALEXANDRIA VA	22134	500.00
05/11/95	HAMBERGER, MARTIN ESQ	1455 PENNSYLVANIA AVE N W SUITE 225	WASHINGTON DC	20004	300.00
05/04/95	[illegible] ENTERPRISES	412 FIRST ST, S E SUITE 60	WASHINGTON, DC	20003	100.00
[illegible]	SORRENTO ELECTRONICS	P O BOX 269025	SAN DIEGO CA	92196	2,000.00
05/01/95	ANTHONY J NICOLI TRUST	2525 E CAMELBACK RD NO 275	PHOENIX AZ	85016	1,000.00
05/11/95	RAILSBACK, THOMAS	2475 VIRGINIA AVE N W	WASHINGTON DC	20037	250.00
05/05/95	LABAT-ANDERSON INCORPORATED	2200 CLARENDON BOULEVARD SUITE 900	ARLINGTON, VIRGINIA	22201	1,000.00
04/25/95	UNITED BROTHERHOOD OF CARPENTERS				
	AND JOINERS OF AMERICA		WASHINGTON DC	20001	1,000.00
[illegible]	COASTAL STATES MANAGEMENT CORPORATION				1,500.00
[illegible]	[illegible] TECHNOLOGY SERVICES CORPORATION	7501 FORBES BOULEVARD SUITE 207	SEABROOK, MD	20706	500.00
05/11/95	SOUTHWEST MARINE INC CORPORATE HEADQUARTERS	FOOT OF SAMPSON ST.	SAN DIEGO CA	92113	1,000.00
[illegible]	WASHINGTON'S CATERER	7401 BLAIR ROAD NW	WASHINGTON, DC	20012	1,000.00
[illegible]	ROCAL INDUSTRIES INC	100 ELECTRIC ST	SCRANTON, PA	18509	5,000.00
[illegible]	[illegible] CORPORATION	8000 RESEARCH WAY	SPRINGFIELD VA	22153	2,500.00
[illegible]	MURRAY INSURANCE	P O BOX 1107	SCRANTON, PA	18501	1,000.00
[illegible]	[illegible] KENNETH & JANICE	8252 PRIVATE LN	ANNANDALE VA	22003	500.00
[illegible]	[illegible] OF AMERICA [illegible]	1800 N KENT ST SUITE 1104	ARLINGTON VA	22209	1,000.00
[illegible]	[illegible]	1800 N KENT ST SUITE 1104	ARLINGTON VA	22209	1,000.00
[illegible]	[illegible] WASHINGTON, INC	750 17TH ST NW 4TH FLOOR	WASHINGTON DC	20006-4607	300.00
[illegible]	AVONDALE INDUSTRIES INC	P O BOX 50280	NEW ORLEANS LA	70150	1,000.00
[illegible]	[illegible]	650 4TH AVE	BROOKLYN, NY	11232	1,000.00
[illegible]	[illegible]	[illegible] N W STE [illegible]	WASHINGTON D C	20006	1,000.00

JOSEPH M. MCDADE LEGAL DEFENSE FUND

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05/10/95	MEAGHER, JOHN & GERALDINE	311 FRANKLIN ST	ALEXANDRIA, VA	22314	250.00
05/10/95	LADD, RICHARD	ONE MASSACHUSETTS AVE., N.W.	WASHINGTON, D.C.	20001	1,000.00
05/15/95	POOLE, GEORGE	1215 JEFFERSON DAVIS HWY., SUITE 1105	ARLINGTON, VA	22202	100 00
05/11/95	THE VAN FLEET – MEREDITH GROUP, INC	499 SOUTH CAPITOL ST., S W. SUITE 520	WASHINGTON, D.C.	20003	1,000.00
05/11/95	OUTDOOR ADVERTISING ASSOCIATION OF AMERICA, INC.	1850 M STREET NW SUITE 1040	WASHINGTON, D.C.	20036	1,000 00
05/12/95	AEL INDUSTRIES, INC	305 RICHARDSON ROAD	LANSDALE, PA	19446-1485	1,000 00
05/11/95	THE TOBACCO INSTITUTE	1875 I STREET, NORTHWEST	WASHINGTON, D.C.	20006	2,000.00
05/12/95	THE NATIONAL ASSOCIATION OF LIFE UNDERWRITERS	1922 F ST., N.W.	WASHINGTON, D.C.	20006	1,000.00
05/10/95	SYMMSPAC AND(SYMMS, LEHN & ASSOCIATES, INC)	P.O. BOX 1663 AND (210 CAMERON ST)	ALEXANDRIA, VA	22314	200.00
05/16/95	RUTLEDGE, WILLIAM & GERTRUDE	237 TOYOPA DR.	PACIFIC PALISADES, CA	90272	500.00
05/22/95	DUBERSTEIN, KENNETH & SYDNEY	7215 DULANY DR	MCLEAN, VA	22101	1,000.00
05/18/95	CORCORAN, JAMES & MARTHA	8257 BUCKSPARK LANE,W.	POTOMAC, MD	20854	100.00
05/22/95	FRIEDMANN, GAY	3257 VALLEY LN.	FALLS CHURCH, VA	22044	150.00
05/11/95	MOSS, ROBERT	1401 H ST., N W , STE. 900	WASHINGTON, DC	20005	250.00
05/16/95	PEDUZZI, LAWRENCE & CONSTANCE	9802 LOST RAVINE COURT	FAIRFAX STATION, VA	22039	250.00
05/01/95	SHARP, GREGORY	1538 HAMPTON HILLS CIRCLE	MCLEAN, VA	22101	200.00
05/17/95	VUCANOVICH, BARBARA	2202 RAYBURN HOUSE OFFICE BLDG	WASHINGTON, DC	20515	200.00
05/11/95	CALIO, NICHOLAS	3701 MCKINLEY ST., N.W.	WASHINGTON, DC	20015	500.00
06/06/95	CAPITOL COUNSEL, INC.	1733 KING ST., THIRD FL.	ALEXANDRIA, VA	22314	150.00
05/02/95	IRONWORKERS POLITICAL ACTION LEAGUE	1750 NEW YORK AVE, NW	WASHINGTON, DC	20006	1,000.00
06/01/95	SCIENCE APPLICATIONS INTERNATIONAL CORP.	1299 PA AVE. N.W SUITE 1175	WASHINGTON, DC	20004	500.00
05/16/95	AMERICAN TRUCKING ASSOCIATIONS	430 FIRST ST. S.E.	WASHINGTON, DC	20003	1,000.00
05/11/95	COPELAND, HATFIELD, LOWERY & JACQUEZ	SUITE 710N 601 13TH. ST, NW	WASHINGTON, DC	20005	2,500.00
05/18/95	FLEISHMAN-HILLARD POLITICAL ACTION COMM.	200 NORTH BROADWAY	ST. LOUIS, MO	63103	500.00
05/11/95	SOUTHERN CALIFORNIA EDISON CO	SUITE 450-N 1001 PA AVE. NW	WASHINGTON, DC	20004-2505	5,000 00
06/06/95	MEEK, CARRIE	6830 N.W. 28TH AVE.	MIAMI, FL	33147	150 00
06/06/95	BATTLESPACE, INC.	1215 S JEFFERSON DAVIS HWY , #301	ARLINGTON, VA.	22202	400 00
06/07/95	MCGOWAN, PAUL & MAUREEN	8041 QUARRY RIDGE WAY	BETHESDA, MD	20817	1,000.00
06/05/95	OKUN, B ROBERT	2926 TENNYSON ST , NW	WASHINGTON, DC	20015	250.00
06/05/95	MAHONY, TERENCE	1716 CHESTERBROOK VALE CT.	MCLEAN, VA	22101	100.00
05/18/95	R J REYNOLDS TOBACCO CO.	P O BOX 2955	WINSTON-SALEM, NC	27102	2500 00
06/12/95	MARUHNICH, JOHN & JANICE	RR 1, BOX 420 A	FALLS, PA	18615	500 00

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06/14/95	MCGOWAN, ANDREW J	746 JEFFERSON AVE	SCRANTON, PA	18501	300.00
06/12/95	BREITINGER, JOHN & HELEN	R D 2, BOX 330	WAYMART, PA	18472	100.00
06/12/95	WARREN, EDWIN F & FLORENCE	BOX 177, 1401 E LACKAWANNA ST	OLYPHANT, PA	18447	100.00
06/15/95	PUTMAN, JOHN MR & MRS	1318 W GIBSON ST	SCRANTON, PA	18504	200.00
06/14/95	LAPERA, BERNARD & JOSEPHINE	41 RIVER STREET	CARBONDALE, PA	18407	500.00
06/12/95	NICHOLAS, DONALD Y	375 NO ABINGTON RD	CLARKS GREEN, PA	18411	500.00
06/12/95	KELLY, E J	BOX 1141	KINGSTON, PA	18704	500.00
06/12/95	FLAHERTY, JAMES & SHEILA	HFR BOX 150U	PAUPACK, PA	18451	500.00
06/14/95	MURPHY, DR LOUIS & MURIEL	821 TAYLOR AVENUE	SCRANTON, PA	18510	200.00
06/12/95	BURKE, AUSTIN & MARIANNE	263 LAUREL STREET	ARCHBALD, PA	18403	500.00
06/12/95	ROSENSTEIN, EUGENE	950 KEYSER AVENUE	SCRANTON, PA	18504	300.00
06/14/95	ECKEL, KEITH & FREDERICK	1647 FALLS RD	CLARKS SUMMIT, PA	18411	300.00
06/09/95	HOWE, BRUCE & JOAN	R D 6, BOX 6332	LAKE ARIEL, PA	18436	200.00
06/10/95	KIRTLAND, DAVID L	900 BATTLE ST	SCRANTON, PA	18508	500.00
06/09/95	TEDESCO, JAMES J	100 E MORTON ST	OLD FORGE, PA	18518	500.00
06/12/95	TODARO, DR SAMUEL R	P O BOX S, CARBONDALE RD	WAVERLY, PA	18471	50.00
06/10/95	MCANDREW, PATRICK J & TONETTE	STAR ROUTE	PLEASANT MOUNT, PA	18453	300.00
06/11/95	COGNETTI, DR PETER A	802 JEFFERSON AVE	SCRANTON, PA	18510	300.00
06/14/95	TR U/A WM SCRANTON INC/EXP ACCT	PENN & SPRUCE ST	SCRANTON, PA	18503	250.00
06/14/95	MARY L SCRANTON INC & EXPENSE	PENN & SPRUCE ST	SCRANTON, PA	18503	250.00
05/23/95	BLDG & CONST TRADES DEPT NON-FED				
	POLITICAL EDUCATION FUND	815 16TH ST SUITE 603	WASHINGTON, D C	20006	1000.00
06/15/95	MCCARTY, JOHN	1338 MEDFORD RD	WYNNEWOOD, PA	19096	500.00
06/15/95	BARNESS, HERBERT	975 EASTON RD	WARRINGTON, PA	18976	500.00
06/14/95	CURTIN, EUGENE & MARY JEAN	422 GLENBURN RD	CLARKS GREEN, PA	18411	500.00
06/15/95	BELLANTE, E LAWRENCE & ANN	24 OAKFORD GLEN	CLARKS SUMMIT, PA	18411	500.00
06/16/95	PATRICK, JOHN & MARGARET	2745 JACKSON ST	SCRANTON, PA	18504	500.00
06/12/95	[illegible] PAUL & ROSALINE	1419 SCHLAGER ST	SCRANTON, PA	18504	500.00
06/16/95	THOMAS, PAUL & MARGARET	156 E TIOGA ST	TUNKHANNOCK, PA	18657	300.00
06/15/95	PETTINATO, ROBERT & MARGARET	10 PETTIRIDGE DR	SCRANTON, PA	18505	500.00
06/19/95	MCINTYRE, ROBERT & JUDITH	96 ARNOLD AVE	SCRANTON, PA	[illegible]	300.00
[illegible]	DURKIN, ROBERT & SHARON	417 DELAWARE ST	OLYPHANT, PA	18447	100.00

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06/21/95	SEBASTIANELLI, A.J., DMD	201 CHURCH ST.	JESSUP, PA	18434	500.00
06/21/95	ADCROFT, JOHN & CLARA	406 MAIN AVE	CLARKS SUMMIT, PA	18411	500.00
06/20/95	DRUCK, DAVID & MARILYN	951 OLD STATE RD.	CLARKS SUMMIT, PA	18411	300.00
06/16/95	WARSKY, JERRY & FRANCES	BOX 121	FOREST CITY, PA	18421	1500.00
06/22/95	KAMEEN, JOHN P.	636 MAIN ST.	FOREST CITY, PA	18421	300.00
06/20/95	RITTENHOUSE, THOMAS & MARY	120 NELSON ST.	CLARKS GREEN, PA	18411	500.00
06/21/95	QUIGG, J. THOMAS & SHIRLEY	23 LAKE AVE	MONTROSE, PA	18801	300.00
06/22/95	CAMELI, GEORGE & ELAINE	620 E. WARREN ST.	DUNMORE, PA	18512	100.00
06/23/95	WEINBERGER, MURRAY & GOLDYE/G.WEINBERGER CO.	20 PEN-Y-BRYN DR.	SCRANTON, PA	18505	500.00
06/21/95	BUTLER, MARY GENE & BRUCE	RD#1, BOX 24B3	SUSQUEHANNA, PA	18447	500.00
06/27/95	SHEILS, ROBERT P., JR., ESQ.	108 N. WASHINGTON AVE., STE.603	SCRANTON, PA	18503	300.00
06/23/95	SACK, THOMAS & LOIS	15 PEN-Y-BRYN DR.	SCRANTON, PA	18505	300.00
06/20/95	HILLMAN, ELSIE HILLIARD	1800 GRANT BLDG.	PITTSBURGH, PA	15219	2500.00
06/21/95	SCASSELLATI, JOHN, SR.	300 CENTER ST.	JESSUP, PA	18434	100.00
06/06/95	AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES-AFL-CIO	1625 L STREET, NW	WASHIINGTON, DC	20036	1000.00
06/26/95	PETERS, ALBERT E	248 GREENBRIAR DR.	CLARKS GREEN, PA	18411	500.00
06/25/95	NALEVANKO, FLORENCE & WILLIAM	405 N RIVER AVE.	OLYPHANT, PA	18447	100.00
06/27/95	EGGLESTON, MARY ANNE & ROBERT	P O BOX 1657	WILKES-BARRE, PA	18705	500.00
06/22/95	MARMO, DR. T.M.	MOOSIC ROAD MEDICAL CENTER	OLD FORGE, PA	18518	50.00
06/23/95	BARRETT, PAUL & KATHERINE	2209 JEFFERSON AVE.	DUNMORE, PA	18509	500.00
06/26/95	ALPERIN, JAMES & ROSEANN	515 OLD COLONY ROAD	CLARKS SUMMIT, PA	18411	250.00
06/19/95	THOMSON CONSUMER ELECTRONICS	KEYSTONE INDUSTRIAL PARK	DUNMORE, PA	18512	500.00
06/23/95	TAYLOR, ROBERT & KAREN	1308 VIOLET TERRACE	WAVERLY, PA	18471	500.00
06/23/95	ARMSTRONG, WAYNE & LETICIA	999 OAKMONT ROAD	CLARKS SUMMIT, PA	18411	500.00
06/26/95	CHRUSCIEL, JOHN & BARBARA	27 PEARL ST.	CARBONDALE, PA	18407	300.00
06/27/95	LABORANTI, JOHN & CHARLENE	P.O. BOX 695	WAVERLY, PA	18471	300.00
06/27/95	WENGEN, PAUL & ELLEN	894 OLD STATE RD.	CLARKS SUMMIT, PA	18411	300.00
06/23/95	CUMMINGS, THOMAS & MARIE	1718 N WEBSTER AVE.	SCRANTON, PA	18509	500.00
06/27/95	DAVIS, THOMAS	RR#2, BOX 2585	FACTORYVILLE, PA	18419	100.00
06/24/95	HUGO, FRANCIS & MATILE	3414 N. EMERSON ST.	ARLINGTON, VA	22207	1000.00
06/28/95	T-R ASSOCIATES,INC.	1 EXPORT LANE, P.O BOX 116	ARCHBALD, PA	18403	500.00

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06/29/95	MONTDALE FARM DAIRY	RURAL DELIVERY	OLYPHANT, PA	18447	300.00
06/30/95	DESISTI AND KEEFE, ESQ.	325 N. KEYSTONE AVE.	SAYRE, PA	18840	300.00
07/03/95	LENAHAN, TIMOTHY G., ESQ.	116 N. WASHINGTON AVE.	SCRANTON, PA	18503	1000.00
07/03/95	MCNELIS, DR. PETER & NANCY	919 ELECTRIC ST	SCRANTON, PA	18509	300.00
07/03/95	BUFR, BERNARD B. ASSOCIATES	MULBERRY PROFESSIONAL OFFICE BLDG	SCRANTON, PA	18503	300.00
07/03/95	BOSAK, CYRIL M.	826 S. MAIN ST.	OLD FORGE, PA	18518	300.00
07/03/95	KREDER, BROOKS, HAILSTON & LUDWIG, ESQ	220 PENN AVE., SUITE 200, PO BOX 956	SCRANTON, PA	18501	500.00
06/15/95	SEYMOUR HOLTZMAN	100 N. WILKES BARRE BLVD	WILKES-BARRE, PA	18702	500.00
06/30/95	SIMMONS, DONALD M., SR.	P.O. BOX 70	SAYRE, PA	18844	200.00
06/30/95	MEYER, KENNETH, M.D.	118 HILLCREST DR.	SAYRE, PA	18840	200.00
04/18/95	MARQUARDT, RICHARD & SALLY	P.O. BOX 26	WAVERLY, PA	18471	500.00
06/28/95	LYNETT, WILLIAM R.	376 OAKFORD RD	CLARKS SUMMIT, PA	18411	500.00
06/28/95	LYNETT, GEORGE V	1750 N. WASHINGTON AVE.	SCRANTON, PA	18505	500.00
06/29/95	LYNETT, EDWARD J., JR.	26 OAKFORD GLEN	CLARKS SUMMIT, PA	18411	500.00
06/29/95	HAGGERTY, CECELIA L.	1[illegible]4 ADAMS AVENUE	DUNMORE, PA	18512	500.00
06/27/95	GRECO, CARL J., ESQ	321 SPRUCE ST.	SCRANTON, PA	18503	500.00
06/23/95	RINALDI, ANTHONY & BARBARA	7 OLDFIELD ROAD	CLARKS SUMMIT, PA	18411	500.00
06/27/95	KNIGHT, W. THOMAS	206 RUMSTICK RD	BARRINGTON, RI	02806	200.00
06/28/95	AUTRY, JOHN S	125 QUAY ST	ALEXANDRIA, VA	22314	500.00
06/30/95	SPROUL, J. HARVEY, JR.	BOX 63	WAVERLY, PA	18471	100.00
06/30/95	SYLVESTER, FRANK J. & MILDRED	OLD POWDER MILL RD	JESSUP, PA	18434	200.00
07/07/95	RIEDER, LEONARD P. & LAURA	RR1 BOX 352	DALTON, PA	18414	500.00
07/06/95	VIPOND, DAVID S	BOX 24	WAVERLY, PA	18471	200.00
06/27/95	WILLSON, J. DAVID	[illegible]209 TENNYSON ST. N.W.	WASHINGTON, D.C.	20015	250.00
06/21/95	BOSCOV, ALBERT R. & EUNICE	70 DEVON DR.	READING, PA	19606	1000.00
06/26/95	LAKIN, EDWIN A. & ALMA	4640 OLEY TURNPIKE RD	READING, PA	19606	1000.00
07/06/95	KANE, EUGENE J. & JOAN	WYNDWOOD RD	GLENBURN, PA	18414	1000.00
06/30/95	SURACE, DOMINIC T. PE/PLS	517 MARJORIE DR	DUNMORE, PA	18512	5000.00
06/30/95	CALI, BRIAN J., ESQ	103 E. DRINKER ST	DUNMORE, PA	18512	5000.00
07/08/95	STEELE, ROBERT J. & SAUNDRA L.	[illegible]89 EDGEWOOD DR.	CLARKS SUMMIT, PA	18411	200.00
06/27/95	JAMES CONNORS, FRIENDS FOR		SCRANTON, PA	18501	500.00
07/02/95	SMITH, HARRY & ANNE	6870 HIGHLAND PINES EST	FT. MYERS, FL	33912	500.00

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06/19/95	LETTIERI, FRED & WANDA	162 TAROLI ST.	OLD FORGE, PA	18518	100.00
07/26/95	MINIKES, STEPHAN M.	701 PA AVE. NW, MARKET SQUARE	WASHINGTON, DC	20004	500.00
07/21/95	AMERICAN MARITIME OFFICERS VOLUNTARY POL. FUND	650 4TH AVE.	BROOKLYN, NY	11232	1000.00
07/17/95	TUTHILL, DR. JOSEPH & GENEVIEVE	OX PASTURE HILL	ROWLEY, MA	01969	1000.00
08/11/95	SPERLAZZO, ARINDA V.	RD2, BOX 184	WYALUSING, PA	18853	7.00
08/10/95	LABARR, DAVID G.	202-1/2 CHEMUNG ST.	SAYRE, PA	18840	100.00
08/10/95	DENKENBERGER, MICHAEL & NELLIE	RR2, BOX 158	TROY, PA	16947	20.00
08/09/95	VAN NOY, ORPHA C.	RR3, BOX 344	TROY, PA	16947	20.00
08/09/95	HARNED, BERNARD & HELEN	RR3, BOX 33	WYALUSING, PA	18853	10.00
08/12/95	KIPP, IRENE L.	RD1, BOX 40	NEW ALBANY, PA	18833	20.00
08/12/95	JONES, ROY & BEVERLY	RD1, BOX 1-H	WYALUSING, PA	18853	25.00
08/12/95	DOUGLAS, JOHN & JESSIE	RR1, BOX 52	SUGAR RUN, PA	18846	10.00
08/10/95	DANIELS, ELIZABETH & SIDNEY	P.O. BOX 371	SAYRE, PA	18840	10.00
08/10/95	CLARK, BUDD & ALMEDA		WYSOX, PA	18854	15.00
08/09/95	SHOEMAKER, LUCILLE	P O BOX 4	GRANVILLE SUMMIT, PA	16926	15.00
07/31/95	ORICON CORPORATION	9363 TOWNE CENTRE DR.	SAN DIEGO, CA	92121	5000.00
08/12/95	BARRETT, SUSAN M	RR3, BOX 391	TROY, PA	16947	50.00
08/14/95	INMAN, WILLIAM J. & LUCIA	305 S. PENNSYLVANIA AVE.	SAYRE, PA	18840	50.00
08/14/95	MILLER, WILLIAM J & MARY	112 IROQUOIS ST.	SAYRE, PA	18840	10.00
08/12/95	NORTHROP, AMOS W., JR. & ROBERT F., POA	P.O BOX 93	ROME, PA	18837	10.00
08/14/95	SHAFFER, EDWIN E.	RR#5, BOX 5220	TOWANDA, PA	18848	10.00
08/18/95	REUTER, DONALD	RR#5, BOX 5137	TOWANDA, PA	18848	50.00
08/17/95	CHAFFEE, BETTY	RR6, BOX 6125	TOWANDA, PA	18848	20.00
08/18/95	PISANESCHI, REESE & EDNA	RD1, BOX 25	WYALUSING, PA	18853	10.00
08/18/95	HATTON, VINCENT & ROSE	R.D.#1	WYALUSING, PA	18853	10.00
08/15/95	THOMSON, ROBERT & OLIVE	RD4, BOX 49, TOR TAMARACK FARM	WYALUSING, PA	18853	25.00
08/17/95	PERRY, LULU & VERNON	RR1, BOX 185	ROME, PA	18837	5.00
08/16/95	MOSCRIP, RUTH S.	P O. BOX 153	MONROETON, PA	18832	10.00
08/22/95	BRENCHLEY, J. EDWARD & ELIZABETH	RD#1, BOX 206	CANTON, PA	17724	30.00
08/16/95	BERTRAND, FRANK	RR#3	TOWANDA, PA	18848	15.00
08/11/95	CASEY, PATRICK A. & NANCY C.	612 GARFIELD AVE.	JERMYN, PA	18433	100.00
08/15/95	BOB LAWRENCE & ASSOCIATES, INC.	424 N. WASHINGTON ST.	ALEXANDRIA, VA	22314	500.00

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07/31/95	EXERGY, INC.	22320 FOOTHILL BLVD. N 540	HAYWARD, CA	94541	500.00
08/11/95	BERKOWITZ, ROY & ANGELA	RD1, BOX 40 - A6	MONROETON, PA	18832	100.00
	HITE, ROBERT & LELA (CASH DONATION)	RR2, BOX 238	NEW ALBANY, PA	18833	5.00
08/24/95	WOLF, ALPHA C.	RD#4, BOX 145	TOWANDA, PA	18848	10.00
08/23/95	KOOS, PHILIP & PATRICIA	3 CHERRY ST.	TOWANDA, PA	18848	500.00
08/16/95	MANCHESTER, MABEL A.	RR#1, BOX 190	ROME, PA	18837	10.00
08/21/95	KINSMAN, MILFORD & SHIRLEY	RR#3, BOX 450	TROY, PA	16947	25.00
08/19/95	MOLINKO, DOUGLAS & REBECCA	RR#5, BOX 5602	TOWANDA, PA	18848	25.00
08/07/95	MEREDITH, DAVID T & SUZAN	13116 PARSON LN	FAIRFAX, VA	22033	100.00
08/11/95	DINEEN, MICHAEL F.	600 PENNSYLVANIA AVE.,S.E.,STE 206	WASHINGTON,D.C.	20003	300.00
08/21/95	MCDADE, JOHN P & SONJA M.	6065 U S. HIGHWAY 1	ROCKLEDGE, FL	32955	1000.00
08/30/95	GEIGER, DOROTHY	RD1, BOX 8, WILDWOOD RD.	SAYRE, PA	18840	15.00
08/25/95	MOULTHROP, WILMAH, P.	RR#1, BOX 596	WARREN CENTER, PA	18851	20.00
08/25/95	MANLEY, CARL L.	4 WESTON ST.	TOWANDA, PA	18848	15.00
08/24/95	MEYER, RALPH & CAROL	333 FULTON ST.	S. WAVERLY, PA	18840	1000.00
09/02/95	MESSERSMITH, MORRIS & RUTH	RR2, BOX 213, MESSERSMITH RD.	NEW ALBANY, PA	18833	25.00
09/06/95	CASTLE, ELIZABETH A.	RR3, BOX 791	CANTON, PA	17724	10.00
08/29/95	MULGREW, PATRICK & MARION	319 COLUMBIA AVE.	CLARKS SUMMIT, PA	18411	100.00
08/20/95	KILLEEN, JOHN J & ANNE	8317 RISING RIDGE WAY	BETHESDA, MD	20817	250.00
09/02/95	VALEZANO, ANTHONY T.	103 MARION ST.	SCRANTON, PA	18509	30.00
09/06/95	PAULS, CHESTER & MARGARET	RR#2, BOX 29	CANTON, PA	17724	20.00
09/09/95	GILLETTE, GERTRUDE	RR#5, BOX 5101	LAKE ARIEL, PA	18436	10.00
09/14/95	MULLENDORE, JAMES & NANCY	RD#3, BOX 19, PLANK ROAD	TOWANDA, PA	18848	30.00
09/11/95	MANCHESTER, MURIEL	RR#1, BOX 243	ROME, PA	18837	10.00
09/13/95	DYER, PEARL	RR#2, BOX 252	WYALUSING PA	18853	10.00
09/12/95	OCCHIPINTI, JOSEPH	203 ELM STREET	DUNMORE, PA	18512	300.00
08/29/95	AVONDALE INDUSTRIES, INC.	P O BOX 50280	NEW ORLEANS, LA	70150	500.00
08/30/95	ABROMAVAGE, NADEAN	320 DRAKE ST	OLD FORGE, PA	18518	50.00
08/31/95	ADAMS, GERARD J & MARGARET	827 CHURCH ST.	HAWLEY, PA	18428	250.00
08/02/95	ARMSTRONG, WAYNE T & LETICIA	999 OAKMONT RD	CLARKS SUMMIT, PA	18411	50.00
09/04/95	BAKER, JAMES C	205 SQUIRREL RUN	CLARKS GREEN PA	18411	50.00
09/05/95	BARRASSEE, MICHAEL J.	P O BOX 671	SCRANTON, PA	18501	100.00

JOSEPH M. MCDADE LEGAL DEFENSE FUND

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09/05/95	BEAMER, PAUL W.	113 BRIDGE ST.	TOWANDA, PA	18848	100.00
08/22/95	BELLAS, GEORGE J.	53 MERLINO ST.	PLAINS, PA	18705	50.00
08/03/95	BISCONTINI, CARL D. & CAROL	62 WILCOX ST.	PLAINS, PA	18705	50.00
09/08/95	BLACKALL, TOM & SHIRLEY	R.D. #1, BOX 186	MONROETON, PA	18832	100.00
09/05/95	BLAUM, WILLIAM M.	1105 FAIRVIEW RD., SHAWNEE APT. 3	CLARKS SUMMIT, PA	18411	50.00
09/07/95	BLOMAIN, LUCILLE R. & THOMAS K.	228 GRAYSON DR.	CLARKS GREEN, PA	18411	100.00
09/06/95	BOOTH, WILLIAM J	1330 W GROVE ST.	CLARKS SUMMIT, PA	18411	50.00
09/08/95	BORYS, FRANK J. & DOROTHY C.	315 RIVER ST.	OLYPHANT, PA	18447	50.00
08/16/95	BRESSET, STEPHEN G.	606 CHURCH ST.	HONESDALE, PA	18431	50.00
09/06/95	BRIER, MICHAEL E.	BOX 55-A, STAR ROUTE	GOULDSBORO, PA	18424	50.00
09/08/95	BROWNE, PAUL	32 BELMONT ST.	CARBONDALE, PA	18407	50.00
09/08/95	BURKE, HENRY PATRICK & ALYCE	319 CHURCH ST.	DUNMORE, PA	18512	300.00
09/08/95	BUSHTA, DR. JOHN & COLLEEN	1335 WINTON ST.	ARCHBALD, PA	18403	100.00
09/04/95	CALPIN, WILLIAM JR. & SUSAN	1517 MADISON AVE.	DUNMORE, PA	18509	50.00
09/09/95	CATALANO, PAUL J. & CAROL	1212 LAFAYETTE ST.	SCRANTON, PA	18504	50.00
09/06/95	CAVANAUGH, ROBERT K.& ROSE	303 BARBARA DR.	MOSCOW, PA	18444	200.00
09/08/95	CELLI, ORLANDO J. & ANNE	30 FLORA DR.	PECKVILLE, PA	18452	50.00
09/08/95	CERVENAK, ANNA	129 SLOCUM ST.	FORTY-FORT, PA	18704	50.00
08/22/95	CESARE, JOSEPH G. & KATHRYN	120 OLD ORCHARD RD.	CLARKS SUMMIT, PA	18411	100.00
08/15/95	CHAPMAN, DONALD E.	BOX 48	HAMLIN, PA	18427	50.00
09/12/95	CHIORAZZI, ELIZABETH A.	726 RIVER ST.	SCRANTON, PA	18505	100.00
09/05/95	CHURCH, DAVID L. & LAURA	P.O. BOX 753	WAVERLY, PA	18471	50.00
09/08/95	CLARK, TIMOTHY M. & ELYSE	RR2, BOX 193-A	TOWANDA, PA	18848	50.00
09/07/95	CLASSEN, PETER K.	2002 ELDEN DR.	CLARKS SUMMIT, PA	18411	50.00
09/06/95	CORBETT, MARTIN J. & DOROTHY	2625 CEDAR AVE.	SCRANTON, PA	18505	50.00
09/07/95	CORBETT, PATRICIA	3211 OAK AVE.	SCRANTON, PA	18505	50.00
09/08/95	CORBETT, PATRICIA	3211 OAK AVE.	SCRANTON, PA	18505	50.00
09/06/95	CRIMI, LAWRENCE	141 LINCOLN ST.	MOSCOW, PA	18444	50.00
09/02/95	CURTIN, PETER F.	709 HIGHLAND AVE.	CLARKS GREEN, PA	18411	50.00
09/08/95	DEMPSEY, EDWARD F. & BARBARA	1707 ELECTRIC ST.	DUNMORE, PA	18509	100.00
08/23/95	DEMPSEY, MATTHEW & ANGELA	P.O. BOX 234	SCRANTON, PA	18501	50.00
08/22/95	DENCH, DENNIS G. & CANDY	603 HAVEN LN.	CLARKS SUMMIT, PA	18411	200.00

JOSEPH M. McDADE LEGAL DEFENSE FUND

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09/08/95	DEWITT, FRANCES G	BOX 274	FACTORYVILLE, PA	18419	50.00
08/24/95	DOUGHERTY, ROBERT F. & TONI LYNN	109 BEVERLY DR.	CLARKS SUMMIT, PA	18411	50.00
09/08/95	FAZIO, ALPHONZO A., SR.	234 APPLE ST.	DUNMORE, PA	18512	50.00
09/08/95	GANNON, MAX P. JR.	P.O. BOX 327	TOWANDA, PA	18848	500.00
09/08/95	GHILARDI, JOSEPH P	1445 MAIN ST.	PECKVILLE, PA	18452	50.00
09/01/95	GLASER, DR. MARGARET & DR. TERENCE	209 CAMINS PARKWAY	CLARKS SUMMIT, PA	18411	50.00
09/08/95	GOLDEN, FRANCES T	RD#1, BOX 248	WAYMART, PA	18472	50.00
09/08/95	GONCZAR, GEORGE D	65 ABINGTON GARDENS DR	CLARKS SUMMIT, PA	18411	50.00
09/08/95	GRECCO, FRANK & ELEANOR	59 GREEN ST	CARBONDALE, PA	18407	50.00
08/31/95	HAAS, ROBERT D. & CARLA	228 STAFFORD AVE	SCRANTON, PA	18505	50.00
09/08/95	HAMILTON, FRANK H. & BARBARA	2 TIFFANY DR.	DUNMORE, PA	18512	50.00
09/08/95	HARDING, DAVID J. & MARGARET	923 ELECTRIC ST	SCRANTON, PA	18509	100.00
08/10/95	HERZOG, ANTHONY V. & SHARON	RD#1, BOX 1655	HONESDALE, PA	18431	50.00
08/22/95	HESS, CPT. JOHN P. & KATHLEEN	503 E MARCONI CT	TOBYHANNA, PA	18466	50.00
09/08/95	HOBAN, HELEN	1730 CAPOUSE AE	SCRANTON, PA	18509	100.00
08/22/95	HOWLEY, JAMES M	1000 BANK TOWERS BLDG	SCRANTON, PA	18503	500.00
09/06/95	JONES, WILLIAM M	3 MARILYN DR.	SHAVERTOWN, PA	18708	50.00
09/01/95	KAMEEN, JOHN P	636 MAIN ST	FOREST CITY, PA	18421	100.00
08/08/95	KANE, EUGENE J. & JOAN	WYNDWOOD RD., GLENBURN TWP	DALTON, PA	18414	50.00
09/08/95	KEARNEY, STEWART P. & SALLY	109 N. SUMNER AVE	SCRANTON, PA	18504	100.00
08/24/95	KODNOVICH, JACOB P. & PAULA	306 CLERMONT AVE	STROUDSBURG, PA	18360	50.00
08/29/95	KOVACH, ROBERT P	601 DUDLEY ST	DUNMORE, PA	18512	1050.00
08/30/95	LAFERA, BERNARD & JOSEPHINE	41 RIVER ST	CARBONDALE, PA	18407	100.00
09/07/95	LENAHAN, JOSEPH P. ESQ	116 N. WASHINGTON AVE	SCRANTON, PA	18503	50.00
08/28/95	LEONARD, JOHN & CATHERINE	RR3, 12 FLORAL ESTATES	LAKE ARIEL, PA	18436	50.00
09/06/95	LISMAN, CARL & TINA	69 RELIANCE DR	WILKES-BARRE, PA	18702	50.00
08/29/95	LUCIANI, JOHN J. & NANCY	RD#3, BOX 423G	LAKE ARIEL, PA	18436	50.00
09/08/95	MACKLE, BRUCE	R.D. #1	HONESDALE, PA	18431	50.00
[illegible]	MAJOR, SANDRA J	RR2, BOX 171	NEW MILFORD, PA	18834	50.00
[illegible]	MA[illegible], JOSEPH R. & SUSAN	225 CHAMBER ST	TAYLOR, PA	18517	50.00
[illegible]	McALINEY, MYLES & MAUREEN	819 ELECTRIC ST	SCRANTON, PA	18519	50.00
[illegible]	McANDREW, ALLAN M. & KATHLEEN	726 S. MAIN ST	OLD FORGE, PA	18518	50.00

JOSEPH M. MCDADE LEGAL DEFENSE FUND

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08/24/95	McDONNELL, FRANK J.	203 FRANKLIN AVE.	SCRANTON, PA	18503	50.00
09/08/95	McGRAW, JAMES & JACQULYN	2028 DELAWARE ST.	DUNMORE, PA	18512	50.00
09/05/95	McNAMARA, GERARD E. & JOYCE	915 W. MARKET ST.	SCRANTON, PA	18505	100.00
09/08/95	McNELIS, DR. PETER J. & NANCY	919 ELECTRIC ST.	SCRANTON, PA	18509	50.00
09/08/95	McNERNEY, FRANK X. & KATHRYN	14 CARRIAGE LANE	NEW ORLEANS, LA	70114	50.00
08/30/95	MINORA, JOHN, ESQ.	700 VINE ST.	SCRANTON, PA	18510	200.00
09/05/95	MOYLAN, PETER F. & MAUREEN	1707 N. WEBSTER AVE.	DUNMORE, PA	18509	50.00
09/06/95	MUNLEY, THOMAS J.	527 LINDEN ST.	SCRANTON, PA	18502	50.00
08/06/95	MUSORRAFITI, FRANCESCO & ANGELINA	14 BAYSIDE DR.	ATLANTIC HIGHLAND NJ	07716	50.00
09/06/95	MYERS, LOUIS J. & PATRICIA	105 MORNINGSIDE RD.,PO BOX 106	WAVERLY, PA	18471	500.00
09/05/95	NISKEY, JAY P. & ALICE	17 WOODCLIFF DR.	DALLAS, PA	18612	100.00
09/08/95	NOLAN, DONALD T. & LINDA	1008 ELECTRIC ST.	SCRANTON, PA	18509	150.00
09/08/95	NUTTAL, EDWARD P.	825 ELECTRIC ST.	SCRANTON, PA	18509	100.00
09/08/95	NYCE, ROBERT E. & MARLA	7416 CAROL LANE	NORTHAMPTON, PA	18067	50.00
09/08/95	PICKETT, TINA L.	RR6, BOX 6128	TOWANDA, PA	18848	50.00
08/25/95	PRIMERANO, TIMOTHY & SUSAN	P.O. BOX 3123	SCRANTON, PA	18505	50.00
09/06/95	REILLY, PATRICIA & DANCHAK, PETER	RD#3, BOX 394-39	LAKE ARIEL, PA	18436	50.00
09/05/95	SAIDMAN, SHEILA	230 BUTLER ST.	KINGSTON, PA	18704	50.00
09/08/95	SAWCHAK, THOMAS & MARY ANN	247 KATHLEEN DR.	PECKVILLE, PA	18452	100.00
09/08/95	SCHRAEDER, RICHARD & ISABEL	11 BARBARA LANE	TAYLOR, PA	18517	200.00
09/06/95	SHEMONSKY, EDWARD, JR.	1211 STATE ST.	ARCHBALD, PA	18403	100.00
09/08/95	SHERWOOD, ARTHUR W., M.D.	RD#6, BOX 19A	TUNKHANNOCK, PA	18657	50.00
08/22/95	SHERWOOD, DONALD L.	RR6, BOX 19B	TUNKHANNOCK, PA	18657	50.00
09/05/95	SHONK, KAREN	54 ENGLEWOOD TERRACE	FORTY-FORT, PA	18407	50.00
09/08/95	SOKOLOWSKI, JOHN C & LORRAINE	259 S. FRANKLIN ST.	WILKES-BARRE, PA	18701	100.00
09/08/95	SOMERS, RICHARD & ANN	727 PRESCOTT AVE.	SCRANTON, PA	18510	1000.00
09/07/95	SOMERS, RICHARD	727 PRESCOTT AVE.	SCRANTON, PA	18510	100.00
09/07/95	SOMERS, RICHARD, JR. & KELLY	P O. BOX 3302	SCRANTON, PA	18505	100.00
09/14/95	SPANO, CHARLES	718 STAFFORD AVE	SCRANTON, PA	18505	100.00
09/08/95	STRICKLAND, HARRY B., PH.D.	LINDEN & MONROE, U OF SCRANTON	SCRANTON, PA	18510	50.00
09/08/95	SWATKOWSKI, NICHOLAS	712 WOODMERE DR.	DICKSON CITY, PA	18457	100.00
09/06/95	SWIFT, DANIEL DAVID	709 MEADE ST.	DUNMORE, PA	18512	100.00

JOSEPH M McDADE LEGAL DEFENSE FUND

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09/07/95	SWIFT, DR FRANK & JEAN	1510 N WASHINGTON AVE	SCRANTON PA	18509	100 00
08/02/95	TAYLOR, ROBERT & KAREN ANN	PO BOX 665 1308 VIOLET TERRACE	WAVERLY, PA	18471	50 00
09/08/95	THOMSON, SARA S	SR BOX 18	PAUPACK, PA	18451	200 00
09/02/95	TOOLAN, WENDY & KEVIN	405 WASHINGTON AVE	JERMYN PA	18433	150 00
08/16/95	TREAT JEFFREY S	910 CHURCH ST	HONESDALE, PA	18431	50 00
08/24/95	TRIPP, WILLIAM W & CAROL	RR#1, BOX 338 TRIPPSVILLE	KINGSLEY, PA	18826	50.00
09/01/95	TRUNZO NICK & JEANNE	1732 BULWER ST	SCRANTON PA	18504	50 00
09/09/95	TURANO MICHAEL & PAULINE	219 CHURCH ST	JESSUP PA	18434	50 00
09/06/95	ULBRICH, JEFFERY J & BARBARA	147 HIGHLAND AVE	SHAVERTOWN, PA	18708	50 00
09/08/95	WARDEN GEORGE J	P O BOX 1244	STROUDSBURG PA	18360	50 00
09/06/95	WARREN, DONALD E	31 ABINGTON GARDENS DR	CLARKS SUMMIT, PA	18411	50 00
09/05/95	WEAVER KENNETH & EVELYN	RR1, BOX 1057	SWEET VALLEY, PA	18656	50 00
09/08/95	WENZEL, DAVID J	007 PHILIPS DR	SCRANTON, PA	18506	100 00
09/02/95	WISE, DALE F & BETTY ANN	109 POSSUM WAY	CLARKS SUMMIT PA	18411	50 00
09/04/95	YENCHA MYRON W & MILDRED	119 FINN STREET	WILKES-BARRE PA	18705	50 00
09/05/95	ZARDECKI, CHRISTINA & FRANK	RR1, CAMEO LANE	CRESCO, PA	18326	50 00
09/12/95	ZURINSKAS, JOHN J & MARYBETH	214 WOODLAWN AVE	CLARKS SUMMIT PA	18411	50 00
08/31/95	AUTOMOTIVE DISTRIBUTING CO	189 E TIOGA ST	TUNKHANNOCK, PA	18657	50 00
08/22/95	RODMAN C AZAR INSURANCE AGENCY	66 E TIOGA ST	TUNKHANNOCK, PA	18657	50 00
09/08/95	BERNARD B BLIER & ASSOCIATES	MULBERRY PROFESSIONAL OFFICE BLDG	SCRANTON PA	18503	50 00
09/08/95	CONRAC INC T/A ROMAR AUTO SALES INC	ROUTE 6	EYNON, PA	18403	50 00
08/03/95	ELLEN MEMORIAL HEATLH CARE CENTER HONESDALE	P O BOX 1147	HONESDALE, PA	18431	200 00
08/25/95	ENDICOTT FORGING & MFG CO INC	1901 NORTH STREET	ENDICOTT, NY	13760	200 00
08/10/95	HOWELL KRAUSE & SCHLOESSER	FOSTER BLDG	HONESDALE, PA	18431	100 00
08/09/95	LINDE ENTERPRISES, INC	RD1, GOLF HILL	HONESDALE PA	18431	100 00
09/07/95	PEOPLE FOR MADIGAN COMMITTEE	101 MAIN ST	TOWANDA PA	18848	100 00
09/06/95	JOS NOTARIANNI & CO, INC	301 GENET ST	SCARNTON PA	18505	350 00
09/07/95	PARAGON HOME HEALTH CARE CORP	163 FALLBROOK ST	CARBONDALE PA	18407	100 00
09/08/95	ALBERT E PETER ASSOCIATES	301 N MAIN AVENUE	SCRANTON PA	18504	50 00
[illegible]	RAFF ASSOCIATES	P O BOX 261	LAPORTE PA	18626	50 00
08/03/95	SEA	1401 McCORMICK DR	LANDOVER MD	20785	50 00
08/02/95	UNITED ASSOC LOCAL UNION 524 STEAMFITTER				

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JOSEPH M. McDADE LEGAL DEFENSE FUND

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	PIPEFITTERS/PLUMBERS ORGANIZATION FUND	711 COREY STREET	SCRANTON, PA	18505	500 00
09/07/95	VINCENT J. VANSTON FUNERAL HOME	142 S MAIN ST.	SCRANTON, PA	18504	100.00
CASH	FLANAGAN, BEVERLY	BOX 368	DALTON, PA	18414	50 00
CASH	FLANAGAN, JACK	BOX 368	DALTON, PA	18414	50 00
CASH	FLANAGAN, MAUREEN	BOX 368	DALTON, PA	18414	100 00
CASH	FREEMAN, K.	P.O. BOX 3331	SCRANTON, PA	18505	50.00
CASH	GALLAGHER, KEVIN	P O. BOX 3331	SCRANTON, PA	18505	100 00
CASH	KELLY, TOM	P.O. BOX 3331	SCRANTON, PA	18505	50.00
09/07/95	AGNONE, FRANK A. & LOUISE	1010 SINGER DRIVE	WEST PALM BEACH, FL	33404	100.00
09/06/95	ANGELI, RAYMOND & NANCY	589 HILLTOP RD.	PECKVILLE, PA	18452	100 00
09/06/95	BARRETT, MARIE D.	1607 N. WEBSTER AVE.	DUNMORE, PA	18509	100.00
09/06/95	BARRETT, MARIE D.	1607 N WEBSTER AVE.	DUNMORE, PA	18509	25.00
09/06/95	BRYAN, JAMES & KATHLEEN	707 EPIRUS HILL RD.	CLARKS SUMMIT, PA	18411	50.00
08/26/95	BURNE, DR. BART & BEVERLY	202 N. HIGHLAND DR.	PITTSTON, PA	18640	100 00
09/05/95	BUTLER, NANCY	1120 QUINCY AVE.	DUNMORE, PA	18510	25.00
09/06/95	CACCIAMANI, PAUL & DONNA	200 MAIN ST.	PECKVILLE, PA	18452	100.00
08/14/95	CALI, ANTHONY & ROSEMARY	710 DUDLEY ST.	DUNMORE, PA	18512	100.00
08/31/95	CAMAYD, ALEX & PATRICIA	703 HIGHLAND AVE.	CLARKS SUMMIT, PA	18411	100 00
08/30/95	CAPELLONI, FRANCIS & CAROL	212 LAKE SCRANTON RD.	SCRANTON, PA	18505	50 00
08/13/95	CHASE, RALPH & ETHEL ANN	210 E MORTON ST.	OLD FORGE, PA	18518	100.00
09/05/95	CHRISTIANSEN, DAVID & EVA	RR1, BOX 128A	FOREST CITY, PA	18421	50.00
08/25/95	CLARKE, CATHERINE	1506 MADISON AVENUE	DUNMORE, PA	18509	50.00
09/05/95	DALEY, JOSEPH & ANGELA	165 CHESTNUT ST.	ARCHBALD, PA	18403	250.00
08/20/95	DelVECCHIO, VITO G	1935 N WASHINGTON AVE.	SCRANTON, PA	18509	300.00
08/20/95	DURKIN, ROBERT & SHARON	417 DELAWARE AVE.	OLYPHANT, PA	18447	100 00
09/01/95	FLANNERY, JOSEPH X. & BETTY	1528 N WEBSTER AVE.	SCRANTON, PA	18509	100 00
09/06/95	GABLE, THOMAS W & FAY	103 W. GROVE ST	TAYLOR, PA	18517	300 00
09/07/95	GALLAGHER, HARRIET & JOHN	1409 VINE ST	SCRANTON, PA	18510	150.00
08/28/95	GOSKOWSKI, KATHLEEN & FRANCIS	1200 MERION CIRCLE	CLARKS SUMMIT, PA	18411	100 00
09/06/95	GRAEFFE, HOWARD G & LEA	1599 WESTVIEW DR.	COOPERSBURG, PA	18036	300.00
08/31/95	GROGAN, MILDRED A.	150 PINE ST	ARCHBALD, PA	18403	100.00
09/06/95	HENZES, MICHAEL SR & ELAINE	RR4, BOX 431B	TUNKHANNOCK, PA	18657	100.00

JOSEPH M. MCDADE LEGAL DEFENSE FUND

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09/07/95	JAMES, DAVID & ANN	216 ASHMORE AVE.	CLARKS SUMMIT, PA	18411	100.00
09/06/95	KAUFMAN, JOYCE	39 N. CHURCH ST.	CARBONDALE, PA	18407	100.00
08/31/95	KEARNEY, TISH	2009 GREEN RIDGE ST.	DUNMORE, PA	18512	50.00
09/01/95	LINN, MASON & YVONNE	HCR 1, BOX 29	MT. POCONO, PA	18344	50.00
08/12/95	MAHER, FRANK & DOLORES	1106 WOODLAWN ST.	SCRANTON, PA	18509	100.00
08/12/95	MELLODY, ELLEN K.	1734 N. WASHINGTON AVE.	SCRANTON, PA	18509	200.00
08/31/95	MORRIS, WILLIAM P. & ANN	94 MONROE AVENUE	OLD FORGE, PA	18518	100.00
08/29/95	MUMFORD, HARRY W. & JULIA	MAIN & ACADEMY STS.	WAVERLY, PA	18471	50.00
09/03/95	PAAL, MARYBELLE	BOX 35, 205 COLLEGE AVE.	FACTORYVILLE, PA	18419	50.00
08/28/95	PELLINO, GLENN	1411 PENN AVE., APT. 3	SCRANTON, PA	18509	100.00
09/08/95	PETERS, MARYLA	191 EDGEWOOD DR. E.	CLARKS SUMMIT, PA	18411	50.00
09/05/95	PHEASANT, CLAYTON	1525 MADISON AVE.	DUNMORE, PA	18509	50.00
09/06/95	PRYLE, WILLIAM & ROSEMARIE	16 TERRACE ST.	CARBONDALE, PA	18407	50.00
09/01/95	QUINN, JOSEPH & NANCY	115 DAYSTROM AVE., BOX 153	ARCHBALD, PA	18403	50.00
09/05/95	RICKRODE, KATHLEEN & JERRY	12 MONROE ST., APT. B	WILKES-BARRE, PA	18702	50.00
09/05/95	SCANDALE, NICHOLAS & DIANE	1008 N. MAIN ST.	SCRANTON, PA	18508	100.00
08/29/95	SCOTT, FRANCIS & SHARON	1336 LOOMIS AVE.	SCRANTON, PA	18504	100.00
08/21/95	SERAFINI, FRANK A./LOUIS	603 MAIN ST	MOOSIC, PA	18507	100 00
09/01/95	SMITH, JOSEPH & THERESA	1517 N WEBSTER AVE.	DUNMORE, PA	18509	100 00
08/26/95	SPEICHER, THOMAS & JOANN	P O BOX 163	ARCHBALD, PA	18403	100 00
09/01/95	SYLVESTER, ROBERT & JOAN	1009 WOODLAND WAY	CLARKS SUMMIT, PA	18411	100.00
09/01/95	WALSH, CONRAD K.	728 ALDER ST.	SCRANTON, PA	18505	100.00
09/07/95	WATKINS, WARREN E. & PHYLLIS	301 STONE AVENUE	CLARKS SUMMIT, PA	18411	100.00
08/22/95	WELBY, JOYCE L./MARY	437 SHIRLEY LANE	DUNMORE, PA	18512	100.00
09/05/95	WISDO, CONSTANCE & ROBERT	54 POPLAR ST	DALLAS, PA	18612	50.00
08/26/95	WRIGHT, MARY A./ELIZABETH	1527 N. WEBSTER AVE	SCRANTON, PA	18509	100.00
09/06/95	YURGOSKY, MARION & KEITH	306 GIBSON ST	JERMYN, PA	18433	50.00
08/21/95	BERKOWITZ & BERKOWITZ, CPAs	500 OFFICE CENTER DR., SUITE NO 110	FORT WASHINGTON, PA	19034	100 00
09/07/95	PATRICK J BOLAND INSURANCE AGENCY	1008 SUNSET ST	SCRANTON, PA	18509	100.00
08/28/95	COMERFORD MONTESSORI PRE-SCHOOL	CYC JEFFERSON AVE	SCRANTON, PA	18510	50.00
09/06/95	MAGIC USA INC	229 WILLOW AVE.	OLYPHANT PA	18447	50.00

JOSEPH M. McDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT #531 - 00791 - 9

1995 DEPOSIT SCHEDULE

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT
07/26/95	AMERICAN FED. OF GOV'T EMPLOYEES LOCAL 1647	TOBYHANNA ARMY DEPOT	TOBYHANNA, PA	18466	450.00
08/21/95	AMERICAN FED. OF GOV'T EMPLOYEES LOCAL 1647	TOBYHANNA ARMY DEPOT	TOBYHANNA, PA	18466	50.00
09/05/95	KORTRIGHT, JOHN C	1800 QUENTIN RD	STROUDSBURG, PA	18360	50.00
09/07/95	MARKS, IRENE & BRUCE	7035 LYNFORD ST	PHILADELPHIA, PA	19149	100.00
09/11/95	FRIENDS FOR JAMES CONNORS		SCRANTON, PA	18503	500.00
09/18/95	PETTINATO, ROBERT W	1512 MAIN ST	SCRANTON, PA	18508	100.00
09/18/95	FLANAGAN, JOHN T & BEVERLY	BOX 368	DALTON, PA	18414	200.00
09/13/95	SHEEHAN, JOHN E	545 CENTRAL AVE	JOHNSTOWN, PA	15902	1000.00
10/04/95	SULLIVAN, CHARLOTTE S	R.D. #2 BOX 61	TOWANDA, PA	18848	10.00
09/14/95	TURRELL, G. HENRY & ELLEN	P.O. BOX 277, 206 FRONT ST	WYALUSING, PA	18853	75.00
10/02/95	FORTNEY, DAVID & MILDRED	301 N. FOURTH ST	TOWANDA, PA	18848	20.00
09/26/95	ERTLE, JOSEPH & GLADYS	P.O. BOX 2	LACKAWAXEN, PA	18435	100.00
09/25/95	DEVITA, JOSEPH & ALISON CONKLIN	405 MADISON ST	SAYRE, PA	18840	50.00
09/26/95	GNALL, DR JOSEPH & MARY ANN	203 DAVIS ST	TAYLOR, PA	18517	100.00
09/26/95	ANGELI, RAYMOND & NANCY	589 HILLTOP RD	PECKVILLE, PA	18452	200.00
10/02/95	CARDEN, MARTIN & ANNE	334 WEST MARKET ST	SCRANTON, PA	18508	500.00
09/29/95	LOWERY, BILL	601 13TH ST., NW, SUITE 710N	WASHINGTON, D.C.	20005	2000.00
09/06/95	WEISS, JEFFREY & ARNINE	717 N. WEBSTER AVE.	SCRANTON, PA	18510	250.00
08/31/95	LU, CHEH S.	3 DORIS DR.	CHERRY HILL, NJ	08003	50.00
08/31/95	SPRUNG, HAROLD & REVA	1201 OLIVE ST	SCRANTON, PA	18510	50.00
09/04/95	STAHLER, ALVIN & FRIMI	P.O. BOX 890	SCRANTON, PA	18501	100.00
09/05/95	CUTLER, HARRIS S.	600 S. STATE ST., CUTLER BLDG.	CLARKS SUMMIT, PA	18411	300.00
09/05/95	CUTLER, MICHAEL F		SCRANTON, PA	18510	250.00
09/06/95	FINK, DAVID & TOBI	R.D. 4	LAKE ARIEL, PA	18436	250.00
09/06/95	WEISS, JAY & TOVA	1127 MYRTLE ST	SCRANTON, PA	18510	500.00
09/07/95	WEISS, BARRY & JAN	400 BRIGHTON DR	CLARKS GREEN, PA	18411	250.00
09/08/95	HARRIS, PHILIP, SAMUEL, DAVID	1324 MAIN ST	PECKVILLE, PA	18452	250.00
10/10/95	COSTELLO, ROBERT & ANNE	1404 DELAWARE ST	DUNMORE, PA	18509	50.00
10/28/95	CHASE, RALPH JR. & ETHEL	210 E. MORTON ST	OLD FORGE, PA	18518	100.00
09/07/95	ZYGMUNT, STAN & ELIZABETH	1023 FAIRFIELD ST	SCRANTON, PA	18509	10.00
09/08/95	PELLINO, GLENN	1411 PENN AVE., APT. 3	SCRANTON, PA	18509	50.00
09/07/95	SUTTON, DONALD & ANN MARIE	451 CROSS CREEK RD	SHAVERTOWN, PA	18708	50.00

PNC BANK CHECKING ACCOUNT #531-00791-9

1995 DEPOSIT SCHEDULE

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT
09/06/95	PASSON, RICHARD & MARGARET	P.O BOX 586	WAVERLY, PA	18471	100.00
08/22/95	MC CORMACK, JOSEPH R. & MARY	630 FALLON ST.	OLD FORGE, PA	18518	2500.00
08/21/95	POMPEY, ANN	26 LEHIGH COURT, SUMMIT PLACE	WILKES-BARRE, PA	18702	2500.00
08/18/95	RIPA, FRANK A.	215 HOOVER ST.	OLD FORGE, PA	18518	2500.00
08/21/95	WEINER LESNIAK	LINCOLN CENTRE, 299 CHERRY HILL RD.	PARSIPPANY, NJ	07054	2500.00
08/17/95	SMITH, DON, ALAMPI & D'ARGENIO	210 SYLVAN AVE	ENGLEWOOD CLIFFS, NJ	07632	2500.00
11/09/95	DRIEBE, EDWARD & MARY	THE FARM, 1303 MAZETTI RD.	STROUDSBURG, PA	18360	250.00
11/09/95	ABRAHAM, WILLIAM USED CARS, INC.	1201 MAIN ST.	HONESDALE, PA	18431	100.00
11/11/95	VALTOS, GERALD & DONNA	811 HAMILTON CT.	MOOSIC, PA	18507	200.00
11/10/95	CHASE, RALPH & MARY	180 DRAKES LANE	OLD FORGE, PA	18518	50.00
11/10/95	P.A. HUTCHISON COMPANY	1155 RIVER STREET	SCRANTON, PA	18503	100.00
11/11/95	MOSKOVITZ, LEO & ANN	8 OLD MILL RD.	JERMYN, PA	18433	100.00
11/12/95	CHRYSLER, GERALD & BERNADETTE	BOX 78	WAVERLY, PA	18471	500.00
11/13/95	SORDON, WILBUR & FLORENCE	RR#3, BOX 105	DALTON, PA	18414	100.00
11/13/95	CLARKE, JOSEPH VAN R.	BOX 34	WAVERLY, PA	18471	50.00
11/14/95	SINGER, ESTHER C.	51-1/2 PIKE ST.	CARBONDALE, PA	18407	25.00
11/14/95	REES, KENNETH	R.D.#3, DEAN ROAD	DALTON, PA	18414	25.00
11/14/95	BAFFA, RICHARD & MARGARET	325 WOODLOCH SPRINGS	HAWLEY, PA	18428	10.00
11/15/95	SHELDON, HAROLD & ELIZABETH	R.R.#2, BOX 74	THOMPSON, PA	18465	50.00
11/12/95	JONES, ROBERT M.	307 GRANGER ST.	BLOSSBURG, PA	16912	200.00
11/13/95	DEFAZIO, ROBERT & ANGELINE / STOPPER, ADRIENNE	834 MAIN ST.	DICKSON CITY, PA	18519	25.00
11/14/95	CECCARELLI, TILLIE	723 DUNMORE ST.	THROOP, PA	18512	25.00
11/14/95	LASKOSKI, ZIGMUND & ROSE	316 HUDSON ST.	MAYFIELD, PA	18433	50.00
11/14/95	KIMMICH, RUTH L.	372 N. HYDE PARK AVE.	SCRANTON, PA	18504	25.00
11/14/95	CHRISTINE'S LICENSE PLATES & NOTARY	RR#3, BOX 3, CHIPMUNK CT.	CRESCO, PA	18326	30.00
11/15/95	KANE, CHRISTOPHER J.	1613 WYOMING AVE.	SCRANTON, PA	18509	100.00
11/15/95	JUBINSKY, MICHAEL & NINA	435 HUDSON ST.	JERMYN, PA	18433	10.00
11/15/95	CAMPION, MARY	724 N IRVING AVE	SCRANTON, PA	18510	100.00
11/15/95	REEVES AWNINGS/JOHN REEVES	656 JEFFERSON AVENUE	JERMYN, PA	18433	100.00
11/15/95	GREEN, THELMA D.	444 MADISON AVENUE	JERMYN, PA	18433	20.00
11/15/95	HARRIS, NORMAN	1019 PARK ST	SCRANTON, PA	18509	50.00
11/15/95	CROFT, JIM	111 HILLCREST DR.	SAYRE, PA	18840	100.00

PNC BANK CHECKING ACCOUNT #531-00791-1

1995 DEPOSIT SCHEDULE

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT
11/17/95	ROSEBROUGH CAROL B	1837 WARRENSVILLE RD	MONTOURSVILLE, PA	17754	25.00
11/16/95	CALABRO CHRIS	107 N SCOTT ST	CARBONDALE, PA	18407	50.00
11/15/95	DIETRICH AUDREY AND MILLER RALPH	1007 PRESCOTT AVE	SCRANTON, PA	18510	5.00
11/16/95	CIMINI ALBERT & FLORENCE	1211 DARTMOUTH ST	SCRANTON, PA	18504	100.00
11/15/95	CANFIELD CHARLES SR & MARY	R.R. #2 BOX 8	NEW MILFORD, PA	18834	30.00
11/15/95	BOSLEY J CONRAD	13 LESLIE DR	SCRANTON, PA	18505	100.00
11/15/95	AHNERT W PETER	ROUTE 209	BUSHKILL, PA	18324	100.00
11/16/95	HAWK, ELMER R & LOUISE H	RD 6 BOX 6527	MOSCOW, PA	18444	50.00
11/14/95	FERRARO THOMAS & BISHOP MARY JO	424 MAIN STREET	VANDLING, PA	18421	15.00
11/15/95	POKLEMBA MARJORIE & JOHN	204 MARY ST	OLYPHANT, PA	18447	25.00
11/15/95	KAVANAUGH EVERETT & MARTHA	4915 JAMESTOWN RD	BETHESDA, MD	20816	1000.00
11/17/95	STEWART MICHAEL & VICKI	2595 KLO WAY	LAGUNA BEACH, CA	92651	200.00
11/17/95	MUELLER ALBERT & CAROL	219 RIDGE ST	CLARKS SUMMIT, PA	18411	100.00
09/18/95	FRIED SIDNEY	900 OAKWOOD DR	CLARKS SUMMIT, PA	18411	100.00
11/18/95	SPORER LEO & DORIS	HC6 BOX 6676 BLOOMING GROVE	HAWLEY, PA	18428	25.00
11/19/95	DYER RALPH & JAMES	202 S. WASHINGTON ST	TAYLOR, PA	18517	50.00
11/19/95	BOROWSKI GREGORY MD & CECH ROSEANNE MD	RD#2 BOX 14	LAKE ARIEL, PA	18436	50.00
11/20/95	FROMENT FRANK L	12 SHERWOOD DR	MORRISTOWN, NJ	07960	15.00
11/20/95	SUTHERLAND, SANBURN	HC BOX 159	PAUPACK, PA	18451	150.00
11/20/95	KEATING ROBERT J	1516 JEFFERSON AVE	DUNMORE, PA	18509	200.00
11/20/95	MONTDALE FARM DAIRY	RURAL DELIVERY	OLYPHANT, PA	18447	300.00
11/20/95	GENTEX CORPORATION		CARBONDALE, PA	18407	5000.00
11/21/95	SULLIVAN ARTHUR D & VIRGINIA M	133 WOODLOCH SPRINGS	HWALEY, PA	18428	30.00
11/22/95	SOLT CLARENCE & THELMA	R.D. #1	JERMYN, PA	18433	25.00
11/24/95	WATSON BEVERLY A	RR#2 BOX 2238	LAKEWOOD, PA	18439	25.00
11/24/95	WESLOSKI WALTER & MOZDZIOCH PAULA	146 S. KEYSER AVE	TAYLOR, PA	18517	25.00
11/24/95	GATEWAY FORD INC	156 E. TIOGA ST	TUNKHANNOCK, PA	18657	100.00
11/25/95	C.P. SCOTT CO	400 S. WASHINGTON AVE	SCRANTON, PA	18505	100.00
11/27/95	WEAVER GENEVIEVE	RR#1 BOX 397	FALLS, PA	18615	10.00
11/27/95	LEE ELECTRIC SUPPLY CO. INC	240 HICKORY ST	SCRANTON, PA	18505	50.00
11/28/95	SCANDALE NICHOLAS C	P.O. BOX 627	SCRANTON, PA	18501	600.00
11/27/95	RAYMOND V A & GINA	7415 AQUARINA BEACH DR. APT. 402	MELBOURNE BEACH, FL	32951	25.00

JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT #531-00791-9

1995 DEPOSIT SCHEDULE

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT
11/29/95	DAVIS, KENNETH & DOROTHY	531 N. LINCOLN AVE.	SCRANTON, PA	18504	25.00
11/30/95	CAMMAROTA, ANTHONY & JEAN	128 THIRD ST.	OLD FORGE, PA	18518	100.00
11/30/95	MAZURICK, CAROLYN T.	403 THIRD AVE.	SCRANTON, PA	18505	10.00
11/30/95	CICERINI, GARY F., II	27400 CHARDON RD., APT. 603	WILLOUGHBY HILLS, OH	44092	25.00
12/01/95	KWIATEK, ELEANOR & EDWARD	1348 DARTMOUTH ST.	SCRANTON, PA	18504	50.00
12/01/95	BEYRENT, CHARLES & ANN MARIE	12021 ROSE DR.	CLARKS SUMMIT, PA	18411	50.00
12/02/95	LEET, SANFORD & GENEVIEVE	RD#3, BOX 199	SUSQUEHANNA, PA	18847	25.00
12/04/95	CALI, THOMAS & GRACE	600 DUDLEY STREET	DUNMORE, PA	18512	25.00
12/04/95	KREDER, JOSEPH & ELIZABETH	105 STARBRIDGE RD.	CLARKS SUMMIT, PA	18411	25.00
12/05/95	HOLMES, RICHARD V. & ANNE D.	244 RAVENSCLIFF	ST. DAVIDS, PA	19087	300.00
12/07/95	SOLOMON, JOHN J. & ESTHER B.	88 WEBSTER CT.	EYNON, PA	18403	25.00
12/07/95	CHENDEMI, PAUL & MARIE	P.O. BOX 73, 1121 FILBERT ST.	ARCHBALD, PA	18403	25.00
12/08/95	HILLMAN, HENRY & ELSIE	1900 GRANT BUILDING	PITTSBURGH, PA	15219	1500.00
12/10/95	POSNER, MICHAEL	390 BLACKHORSE TAVERN RD.	GETTYSBURG, PA	17325	100.00
12/10/95	POSNER, SHIRLEY	390 BLACKHORSE TAVERN RD.	GETTYSBURG, PA	17325	100.00
12/10/95	VENTELLO, TRUDY & ANTHONY	RR3, BOX 213	TOWANDA, PA	18848	20.00
12/12/95	KNAPP, THEODORE & HAZEL	STAR ROUTE, BOX 3	PLEASANT MOUNT, PA	18453	15.00
12/12/95	FORDHAM, WALTER & DORIS	RR2, BOX 2502	FACTORYVILLE, PA	18419	100.00
12/12/95	FERRARO, THOMAS & BISHOP, MARY JO	424 MAIN ST.	VANDLING, PA	18421	15.00
12/13/95	BARNESS, HERBERT	975 EASTON RD.	WARRINGTON, PA	18976	500.00
12/14/95	ACKER, WILLIAM L. III	P.O. BOX 830	SCRANTON, PA	18501	100.00
12/16/95	RUSHMORE, RICHARD C. & JANE	1736 SANDERSON AVENUE	SCRANTON, PA	18509	50.00
12/17/95	VUCANOVICH FOR CONGRESS PRIMARY 1996	P.O. BOX 21435	RENO, NV	89515	500.00
12/18/95	RINALDI, MICHAEL & MERCEDES	106 WEST ST.	EYNON, PA	18403	25.00
12/20/95	CARTER, JOHN R. & CHARLOTTE	6623 WEATHERFORD CT.	McLEAN, VA	22101	100.00
12/20/95	SPENTZAS, C.J.	106 YORK AVE., BACK APT.	TOWANDA, PA	18848	15.00
12/20/95	KOLCUN, JOHN SR. & JOHN M. JR.	749 MAIN ST.	SIMPSON, PA	18407	25.00
12/29/95	DIETZ, JOHN P. & DELORES	405 DUDLEY ST.	DUNMORE, PA	18512	25.00
12/27/95	HOBAN, MICHAEL J. & LOUISE	721 N. IRVING AVE.	SCRANTON, PA	18510	50.00

1995 CONTRIBUTIONS IN-KIND

DONOR	STREET ADDRESS	CITY, STATE	ZIP CODE	IN-KIND CONT'R VALUE	DESCRIPTION
PATTON BOGGS, L.L.P.	2550 M ST.,N W.	WASHINGTON, D.C.	20037	$5,000.00	LEGAL SERVICES
BALLENTINE, ROGER S.	1346 29TH ST., N W	WASHINGTON, D.C.	20007	$3,320.00	LEGAL SERVICES
PROF ROBERT BLAKEY	NOTRE DAME LAW SCHOOL	NOTRE DAME, IN	46556	$4,000.00	LEGAL SERVICES
COGNETTI, SAL JR., ESQUIRE	507 LINDEN ST - STE. 700	SCRANTON, PA	18503	$5,000.00	LEGAL SERVICES
ROBERT T KELLY & CO. LLP	507 LINDEN ST - STE. 500	SCRANTON, PA	18503	$4,500.00	ACCOUNTING SERVICES
ALAN B GRAF	520 OLD COLONY RD	CLARKS SUMMIT, PA	18411	$550.00	COST OF FUNDRAISING EVENT
JAMES BRADY	526 GLADIOLA DRIVE	CLARKS SUMMIT, PA	18411	$550.00	COST OF FUNDRAISING EVENT
GERARD J FERRARIO	1501 GREEN RIDGE ST.	DUNMORE, PA	18509	$550.00	COST OF FUNDRAISING EVENT
RICHARD WALSH	1739 N WASHINGTON AVE.	SCRANTON, PA	18509	$550.00	COST OF FUNDRAISING EVENT
DAVID TRESSLER	25 OAKFORD GLEN	CLARKS SUMMIT, PA	18411	$550.00	COST OF FUNDRAISING EVENT

96 MAY 14 PM 5:23 (14)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

James A. McDermott
(Full Name)

Post Office Box 20265 Seattle, Washington 98102
(Mailing Address)

202/225/3106 or 206/553/7170
Daytime Telephone

MC DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U S House of Representatives State Washington District 7	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL James A. McDermott

DATE (Month/Day/Year) 5/13/96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name James A. McDermott

Page 2 of 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples	Mega Corp. Stock				X								X							X									P
DC		123 Main St., Dover, Del							X						X											X				
JT		1st Bank of Paducah, KY accounts					X									X							X							
		State of Washington Deferred Compensation Program			X											X						X deferred								
		State of Washington Retirement Account			X											X						X deferred								
		TIAA/CREF Annuity			X											X						X deferred								
		Fidelity Bankers Life Annuity		X												X					X deferred									
		Keyport Life Annuity				X										X						X deferred								
		Carlyle Real Estate Limited Partnership XII			X									X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. McDermott

Page 3 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Carlyle Real Estate Limited Partnership XIII		X										X							X									
	Hutton PRC Tech Partners I	X													X				X											
	ALL OTHER REPORTABLE ASSETS ARE																												
	NOTED ON THE ATTACHED PORTFOLIO																												
	SUMMARY.																												

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SCHEDULE IV -- TRANSACTIONS

Name James A. McDermott

Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21

		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	$1,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	10 acres, Lopez Island, Washington described as: Lot 1, Green Acres according to the plat recorded in Volume 4 of Plats, Page 27 and 27a, records of San Juan County, Washington.	X			1-5-95			X							
	SECURITIES TRANSACTIONS ARE NOTED ON PAGES 7 AND 8 OF THE ATTACHED PORTFOLIO SUMMARY.														

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Name James A. McDermott **Page** 5 **of** 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Wheaton College	11 Feb.	Wash. DC - Chicago - Wash. DC	Y	Y	N	N
	Cornell University	27 April	Wash. DC - Ithaca - Wash. DC	N	Y	N	N
	Citizens for Participation in Political Action (CPPAX)	29 April	Wash. DC - Boston - Wash. DC	N	Y	N	N
	The Brookings Institution	6 Aug.- 2 Sept.	Seattle - Honolulu - Jakarta - Denpasar - Ujung Pandang - Jakarta - Tokyo - Seoul - Seattle	Y	Y	N	21 days

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Name James A. McDermott | Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Sponsors	Washington Physicians for Social Responsibility

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

Marshfield Associates
Portfolio Summary
James A Mc Dermott - Combined
December 31, 1995

Security Type	Cost Value	Market Value	Pct. Assets	Cur. Yield	Est. Annual Income
Cash Equivalents					
Cash And Equivalents	83,533.13	83,533.13	43.7	4.4	3,685.48
Fixed Income					
Corporate Bonds	21,206.25	20,603.00	10.8	11.3	2,325.00
Accrued Interest		439.17	0.2		
	21,206.25	21,042.17	11.0	11.3	2,325.00
Equities					
Common Stock	62,749.58	70,934.37	37.1	1.4	964.50
Mutual Funds					
Equity Mutual Funds					
Equity Funds	17,559.90	15,530.27	8.1	1.4	210.44
Total Portfolio	185,048.86	191,039.94	100.0	3.8	7,185.42

Marshfield Associates
Portfolio Appraisal
James A Mc Dermott - Combined
December 31, 1995

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct Assets	Cur. Yield
Cash And Equivalents							
	Reserve Fund, Inc.(Primary)		83,533.13		83,533.13	43.7	4.4
			83,533.13		83,533.13	43.7	4.4
Corporate Bonds							
10,000	BF Saul Reit - 1st Callable 4/1/98 @ 105.7 11.625% Due 04-01-02	104.56	10,456.25	104.53	10,453.00	5.5	11.1
10,000	American Media Operations Inc Sr Sub Note 11.625% Due 11-15-04	107.50	10,750.00	101.50	10,150.00	5.3	11.5
	Accrued Interest				439.17	0.2	
			21,206.25		21,042.17	11.0	11.3
Equity Mutual Funds							
Equity Funds							
1,402.915	American Capital Pace Fund A	12.52	17,559.90	11.07	15,530.27	8.1	1.4
			17,559.90		15,530.27	8.1	1.4
	Equity Mutual Funds Total		17,559.90		15,530.27	8.1	1.4
Other Assets							
3	International Life Insurance Co of Buffalo	0.33	1.00	1.00	3.00	0.0	0.0
			1.00		3.00	0.0	0.0

Marshfield Associates
Portfolio Appraisal
James A Mc Dermott - Combined
December 31, 1995

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Cur. Yield
Common Stock							
100	Federal National Mortgage Assoc	71.43	7,143.50	123.87	12,387.50	6.5	0.6
100	Gannett Inc.	54.18	5,418.50	61.37	6,137.50	3.2	2.3
125	Morgan Stanley	60.19	7,523.13	80.62	10,078.12	5.3	0.9
200	Nabisco Holdings Corp Cl A	26.93	5,387.00	32.62	6,525.00	3.4	1.7
250	P N C Financial Corporation	24.93	6,233.75	32.25	8,062.50	4.2	4.3
350	Reebok International	32.18	11,264.75	28.25	9,887.50	5.2	1.1
150	Salomon Inc.	39.81	5,971.50	35.37	5,306.25	2.8	1.8
400	Toys "R" Us	25.38	10,151.45	21.75	8,700.00	4.6	0.0
100	White River Corp	36.56	3,656.00	38.50	3,850.00	2.0	0.0
			62,749.58		70,934.37	37.1	1.4
Total			185,049.86		191,042.94	100.0	3.8
Unsupervised Assets							
1,017	The Kaufmann Fund Inc	0.00	1.00	5.05	5,135.85		0.0
260,000	Volcanic Gold	0.00	2.00	0.01	2,600.00		0.0
			3.00		7,735.85		0.0
Grand Total			185,052.86		198,778.79		3.6

Marshfield Associates
Interest, Dividends, And Expenses
James A Mc Dermott - Combined
From 01-01-95 Through 12-31-95

Cash And Equivalents

Date	Security	Amount
01-27-95	Reserve Fund, Inc.(Primary)	33.94
01-27-95	Reserve Fund, Inc.(Primary)	0.47
02-24-95	Reserve Fund, Inc.(Primary)	81.46
02-24-95	Reserve Fund, Inc.(Primary)	37.47
02-24-95	Reserve Fund, Inc.(Primary)	18.41
03-31-95	Reserve Fund, Inc.(Primary)	53.46
03-31-95	Reserve Fund, Inc.(Primary)	31.22
03-31-95	Reserve Fund, Inc.(Primary)	32.65
04-28-95	Reserve Fund, Inc.(Primary)	162.88
04-28-95	Reserve Fund, Inc.(Primary)	114.58
04-28-95	Reserve Fund, Inc.(Primary)	12.91
05-10-95	Reserve Fund, Inc.(Primary)	-10.47
05-26-95	Reserve Fund, Inc.(Primary)	88.29
05-26-95	Reserve Fund, Inc.(Primary)	118.93
05-26-95	Reserve Fund, Inc.(Primary)	13.32
06-30-95	Reserve Fund, Inc.(Primary)	62.01
06-30-95	Reserve Fund, Inc.(Primary)	68.10
06-30-95	Reserve Fund, Inc.(Primary)	15.52
07-28-95	Reserve Fund, Inc.(Primary)	24.02
07-28-95	Reserve Fund, Inc.(Primary)	103.80
07-28-95	Reserve Fund, Inc.(Primary)	12.44
08-25-95	Reserve Fund, Inc.(Primary)	26.17
08-25-95	Reserve Fund, Inc.(Primary)	77.41
08-25-95	Reserve Fund, Inc.(Primary)	12.20
09-29-95	Reserve Fund, Inc.(Primary)	35.59
09-29-95	Reserve Fund, Inc.(Primary)	77.52
09-29-95	Reserve Fund, Inc.(Primary)	15.15
10-27-95	Reserve Fund, Inc.(Primary)	20.07
10-27-95	Reserve Fund, Inc.(Primary)	29.60
10-27-95	Reserve Fund, Inc.(Primary)	12.08
11-24-95	Reserve Fund, Inc.(Primary)	60.51
11-24-95	Reserve Fund, Inc.(Primary)	228.74
11-24-95	Reserve Fund, Inc.(Primary)	5.10
12-29-95	Reserve Fund, Inc.(Primary)	80.43
12-29-95	Reserve Fund, Inc.(Primary)	306.18
12-29-95	Reserve Fund, Inc.(Primary)	4.90
		2,067.06

Marshfield Associates
Interest, Dividends, And Expenses
James A Mc Dermott - Combined
From 01-01-95 Through 12-31-95

Date	Security	Amount
Commercial Paper		
04-10-95	General Electric 0.000% Due 04-10-95	411.96
04-10-95	General Electric 0.000% Due 04-10-95	308.97
07-05-95	Cigna Corp 0.000% Due 07-05-95	254.17
07-05-95	Cigna Corp 0.000% Due 07-05-95	254.17
07-05-95	Cigna Corp 0.000% Due 07-05-95	96.00
09-28-95	JAL Capital Corp 0.000% Due 09-28-95	332.50
09-28-95	JAL Capital Corp 0.000% Due 09-28-95	665.00
09-28-95	JAL Capital Corp 0.000% Due 09-28-95	27.60
10-23-95	Columbia/HCA 5.920% Due 11-01-95	40.64
11-01-95	Columbia/HCA 5.920% Due 11-01-95	81.40
11-01-95	Columbia/HCA 5.920% Due 11-01-95	325.60
		2,798.01
Zero Coupon Government Bonds		
01-27-95	U.S. Treasury Stripped Interest 0.000% Due 08-15-03	7,693.70
01-27-95	U.S. Treasury Stripped 0.000% Due 11-15-05	45,198.35
		52,892.05
Corporate Bonds		
06-26-95	American Media Operations Inc Sr Sub Note 11.625% Due 11-15-04	-132.40
10-25-95	BF Saul Reit - 1st Callable 4/1/98 @ 105.7 11.625% Due 04-01-02	-77.50
11-15-95	American Media Operations Inc Sr Sub Note 11.625% Due 11-15-04	581.25
		371.35

Marshfield Associates
Interest, Dividends, And Expenses
James A Mc Dermott - Combined
From 01-01-95 Through 12-31-95

Date	Security	Amount
Equity Mutual Funds		
01-04-95	Mutual Shares	455.80
01-05-95	Mutual Beacon Fund	30.56
01-05-95	Mutual Beacon Fund	88.70
01-11-95	Gabelli Asset Fund	32.19
01-11-95	Gabelli Asset Fund	97.57
01-23-95	Mathers Fund Inc	210.48
12-29-95	American Capital Pace Fund A	179.17
12-29-95	American Capital Pace Fund A	1,493.19
12-29-95	American Capital Pace Fund A	609.23
		3,196.89
Common Stock		
02-25-95	Federal National Mortgage Assoc.	68.00
03-24-95	Morgan Stanley	40.00
04-01-95	Salomon Inc.	24.00
05-25-95	Federal National Mortgage Assoc.	68.00
07-01-95	Salomon Inc.	24.00
07-06-95	Reebok International	26.25
07-27-95	Morgan Stanley	40.00
08-25-95	Federal National Mortgage Assoc.	68.00
10-02-95	Gannett Inc.	35.00
10-02-95	Salomon Inc.	24.00
10-04-95	Reebok International	26.25
10-24-95	P N C Financial Corporation	87.50
10-26-95	Morgan Stanley	40.00
11-25-95	Federal National Mortgage Assoc.	68.00
		639.00
Net Income		61,964.36

Marshfield Associates
Purchase And Sale
James A Mc Dermott - Combined
From 01-01-95 To 12-31-95

Date	Quantity	Security	Unit Price	Amount
Purchases				
05-05-95	25,000	Cigna Corp 0.000% Due 07-05-95	98.98	24,745.83
05-05-95	25,000	Cigna Corp 0.000% Due 07-05-95	98 98	24,745.83
06-12-95	25,000	Cigna Corp 0.000% Due 07-05-95	99.62	24,904.00
09-29-95	25,000	Columbia/HCA 5.920% Due 11-01-95	99 46	24,864.33
09-29-95	60,000	Columbia/HCA 5.920% Due 11-01-95	99.46	59,674.40
02-07-95	40,000	General Electric 0.000% Due 04-10-95	98.97	39,588.04
02-07-95	30,000	General Electric 0.000% Due 04-10-95	98.97	29,691.03
07-07-95	25,000	JAL Capital Corp 0.000% Due 09-28-95	98.67	24,667.50
07-07-95	50,000	JAL Capital Corp 0.000% Due 09-28-95	98 67	49,335.00
09-11-95	10,000	JAL Capital Corp 0.000% Due 09-28-95	99.72	9,972.40
05-26-95	10,000	American Media Operations Inc Sr Sub Note 11.625% Due 11-15-04	107.50	10,750.00
10-25-95	10,000	BF Saul Reit - 1st Callable 4/1/98@ 105.7 11.625% Due 04-01-02	104 56	10,456.25
11-28-95	1,194 551	American Capital Pace Fund A	12.79	15,278.31
12-29-95	16.363	American Capital Pace Fund A	10.95	179.17
12-29-95	136.364	American Capital Pace Fund A	10.95	1,493.19
12-29-95	55.637	American Capital Pace Fund A	10.95	609 23
01-24-95	100	Federal National Mortgage Assoc.	71.43	7,143.50
09-12-95	100	Gannett Inc.	54.18	5,418.50
01-27-95	125	Morgan Stanley	60.19	7,523.13
11-03-95	100	Nabisco Holdings Corp Cl A	26.93	2,693.50
11-03-95	100	Nabisco Holdings Corp Cl A	26.93	2,693.50
07-18-95	250	P N C Financial Corporation	24.93	6,233.75
05-02-95	350	Reebok International	32.18	11,264.75
02-13-95	150	Salomon Inc.	39.81	5,971.50
03-07-95	150	Toys "R" Us	28 18	4,227.75
03-22-95	150	Toys "R" Us	24 87	3,730.20
11-03-95	100	Toys "R" Us	21.93	2,193.50
10-05-95	100	White River Corp	36.56	3,656.00
				413,704.09

Marshfield Associates
Purchase And Sale
James A Mc Dermott - Combined
From 01-01-95 To 12-31-95

Date	Quantity	Security	Unit Price	Amount
Sales				
07-05-95	25,000	Cigna Corp 0.000% Due 07-05-95	100.00	25,000.00
07-05-95	25,000	Cigna Corp 0.000% Due 07-05-95	100.00	25,000.00
07-05-95	25,000	Cigna Corp 0.000% Due 07-05-95	100.00	25,000.00
10-23-95	10,000	Columbia/HCA 5.920% Due 11-01-95	99.86	9,986.37
11-01-95	15,000	Columbia/HCA 5.920% Due 11-01-95	100.00	15,000.00
11-01-95	60,000	Columbia/HCA 5.920% Due 11-01-95	100.00	60,000.00
04-10-95	40,000	General Electric 0.000% Due 04-10-95	100.00	40,000.00
04-10-95	30,000	General Electric 0.000% Due 04-10-95	100.00	30,000.00
09-28-95	25,000	JAL Capital Corp 0.000% Due 09-28-95	100.00	25,000.00
09-28-95	50,000	JAL Capital Corp 0.000% Due 09-28-95	100.00	50,000.00
09-28-95	10,000	JAL Capital Corp 0.000% Due 09-28-95	100.00	10,000.00
01-27-95	105,000	U.S. Treasury Stripped 0.000% Due 11-15-05	43.05	45,199.35
01-27-95	15,000	U.S. Treasury Stripped Interest 0.000% Due 08-15-03	51.30	7,694.70
01-18-95	553.000	Fidelity Asset Manager	13.81	7,637.04
01-18-95	0.558	Fidelity Asset Manager	13.62	7.60
01-18-95	122.000	Gabelli Asset Fund	22.75	2,775.71
01-18-95	0.879	Gabelli Asset Fund	22.51	19.79
07-03-95	182.809	Guardian Fund (Neuberger Berman)	22.28	4,072.98
05-05-95	2,906.977	Invesco Strategic Gold Fund	5.16	15,000.00
01-18-95	311.000	Mathers Fund Inc	13.80	4,291.88
01-18-95	0.816	Mathers Fund Inc	13.70	11.18
01-18-95	74.000	Mutual Beacon Fund	31.52	2,332.48
01-18-95	0.540	Mutual Beacon Fund	31.52	17.02
02-14-95	86.000	Mutual Shares	82.92	7,131.12
01-27-95	1,193.734	Oakmark International Fund	12.13	14,479.99
02-13-95	419.000	Pennsylvania Mutual Fund Inc	8.38	3,510.33
01-30-95	2,125.643	Robertson Stephens Contrarian Fund	10.13	21,532.76
06-26-95	9,063.096	US Gold Fund	2.25	20,381.97
				471,082.27

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

For use by Members, officers, and employees

[illegible] RECEIVED
[illegible] CENTER
96 MAY 15 PM 5:35

(32)

MC HAND DELIVERED
(Office Use Only)

Paul Mc Hale
(Full Name)

523 8th Avenue
Bethlehem, PA 18018
(Mailing Address)

(202) 225-6411
(Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives	State PA District 15th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

[illegible] reporting period? If yes, complete and attach Schedule I	Yes ☒	No ☐
[illegible] qualify [illegible] If yes, complete and attach Schedule II	Yes ☐	No ☒
[illegible] unearned [illegible] the period If yes, complete and attach Schedule III	Yes ☒	No ☐
[illegible] purchase, sell [illegible] If yes, complete and attach Schedule IV	Yes ☐	No ☒
[illegible] reporting period? If yes, complete and attach Schedule V	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable [illegible] the reporting period [illegible] aggregating more than [illegible] and not otherwise exempt? If yes, complete and attach Schedule VI	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel [illegible] reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS [illegible] Trust [illegible] approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not [illegible] benefiting you, your spouse, or dependent child? (See instructions, pages [illegible])	Yes ☐	No ☒
EXEMPTION [illegible] unearned income, transactions [illegible] a spouse or dependent child because they [illegible]	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

[illegible] Act of 1978, as amended. The statement will be available to any requesting person upon [illegible] Standards of Official Conduct [illegible] Any individual who knowingly and willfully falsifies, or who [illegible] civil penalties. (See 5 U.S.C. app. 6, § 104.)

SIGNATURE OF REPORTING INDIVIDUAL
Paul McHale

DATE (Month, Day, Year)
May 15, 1996

Name Paul McHale

Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	See attached 1995 Federal Income Tax Return		
	Communications Consulting Services (Spouse)	Professional Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Paul McHale | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see instructions pages 13-14.

Source	Activity	Date	Amount
Examples: [illegible], Wash., D.C. [illegible] Magazine	[illegible] Article	[illegible] [illegible]	[illegible] [illegible]
None	NA	NA	NA

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Name Paul McHale | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
1.	See attached 1995 Federal Income Tax Return																												
2.	Legislative Pension (PA)			X																									
3.	See attached PSG Client Portfolio Summary				X																								
4.	Meridian Bank Accounts			X											X					X									
5.	First Star S+L Accounts		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul McHale

Page 4 of 8

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Air Products & Chemicals, Inc.		X										X						X										
	Keystone Tax Exempt Trust			X									X								X								
	See Attached PSG Summary				X																								
	Life of Virginia Policy (self)			X											X					X									
	Life of Virginia Policy (spouse)			X											X					X									

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Name Paul McHale

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								
	None															

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Name Paul McHale | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
JT	First Star Savings & Loan	Personal Loans		X								
JT	Ford Motor Credit Corp.	Auto Loan	X									
JT	Meridian Bank	Auto Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Paul McHale　Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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Name Paul McHale | Page 8 of 8

SCHEDULE VIII — POSITIONS

Report any positions (compensated or uncompensated) held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, any trade association, or any educational or other institution other than the United States. For further information, see instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Board of Associates	Muhlenberg College, Allentown, PA
Advisory Board Member	Boy Scouts of America (Minsi Trails Council)
Advisory Council	Project of Easton (Even Start)
Board of Directors	Lehigh River Foundation
Committee Member	Society of the Arts, Allentown Art Museum
Educational Bd. Member	Congressional Youth Leadership Council
Advisory Board Member	Historic Bethlehem Partnership
President's Council	Allentown College of St. Francis

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required

Form **1040** Department of the Treasury — Internal Revenue Service
U.S. Individual Income Tax Return **1995** (99) IRS use only — Do not write or staple in this space

For the year Jan 1 - Dec 31, 1995, or other tax year beginning ,1995 ending ,19 OMB No. 1545-0074

Label

Use the IRS label. Otherwise, please print or type.

Your First Name Paul	MI F	Last Name McHale, Jr	Your Social Security No. 187-42-1831
If a Joint Return, Spouse's First Name Katherine	MI M	Last Name McHale	Spouse's Social Security No. 538-58-5317
Home Address (number and street). If You Have a P.O. Box, See Instructions. 523 Eighth Avenue		Apartment No.	**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**
City, Town or Post Office. If You Have a Foreign Address, See instructions. Bethlehem	State PA	ZIP Code 18018-5008	

Presidential Election Campaign

	Yes	No	
Do you want $3 to go to this fund?	X		Note: Checking 'Yes' will not change your tax or reduce your refund.
► If a joint return, does your spouse want $3 to go to this fund?	X		

Filing Status

Check only one box.

1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate rtn. Enter spouse's SSN above & full name here ►
4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here ►
5 ☐ Qualifying widow(er) with dependent child (year spouse died ► 19).

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on ln 33b on pg 2.

b ☒ **Spouse**

No. of boxes checked on 6a and 6b 2

c **Dependents:**

If more than 6 dependents, see instrs

(1) First name Last name	(2) Dependent's social security number. If born in 1995, see instructions	(3) Dependent's relationship to you	(4) Mos. in your home in 1995
Matthew McHale	162-70-2717	Son	12
Mary McHale	162-70-2594	Daughter	12
Luke McHale	165-72-1522	Son	12

No. of your children on 6c who:
- lived with you 3
- didn't live with you due to divorce or separation ...

Dependents on 6c not entered above .....

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ..... ► ☐

e Total number of exemptions claimed ....

Add numbers entered on lines above ► 5

Income

Attach Copy B of your Forms W-2, W-2G, & 1099-R here.

If you did not get a W-2, see instructions.

Enclose but do not attach your payment and payment voucher.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	137,882.
8a	Taxable interest income. Attach Schedule B if over $400			8a	86.
b	Tax-exempt interest. Don't include on line 8a	8b	2,039.		
9	Dividend income. Attach Schedule B if over $400			9	24.
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	30,405.
13	Capital gain or (loss). If required, Attach Schedule D			13	
14	Other gains or (losses). Attach Form 4797			14	
15a	Total IRA distributions	15a	b Taxable amount	15b	
16a	Tot pensions & annuities	16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sch E			17	
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a	b Taxable amount	20b	
21	Other income			21	
22	Add the amounts in the far right column for lines 7 - 21. This is your **total income** ►			22	168,397.

Adjustments to Income

23a	Your IRA deduction	23a			
b	Spouse's IRA deduction	23b			
24	Moving expenses. Attach Form 3903 or 3903-F	24			
25	One-half of self-employment tax	25	2,148.		
26	Self-employed health insurance deduction	26	367.		
27	Keogh and self-employed SEP plans. If SEP, check ► ☐	27			
28	Penalty on early withdrawal of savings	28			
29	Alimony paid. Recipient's SSN ►	29			
30	Add lines 23a through 29. These are your **total adjustments** ►			30	2,515.

Adjusted Gross Income

31	Subtract line 30 from line 22. This is your adjusted gross income. If less than $26,673 and child lived with you (less than $9,230 if a child didn't live with you), see 'Earned Income Credit' in instructions ►	31	165,882.

BAA

FDIA0112 11/29/95

Form 1040 (1995)

Form 1040 (1995) Paul E McHale Jr & Katherine M McHale 181-42-1881 Page 2

Tax Computation	32	Amount from line 31 (adjusted gross income)		32 155,882.
	33a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ► 33a		
	b	If your parent (or someone else) can claim you as a dependent, check here ► 33b ☐		
	c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see instructions and check here ► 33c ☐		
	34	Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, see instructions to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single — $3,900 • Head of household — $5,750 • Married filing jointly or Qualifying widow(er) — $6,550 • Married filing separately — $3,275		34 15,480.
	35	Subtract line 34 from line 32		35 140,402.
	36	If line 32 is $86,025 or less, multiply $2,500 by the total number of exemptions claimed on line 6e. If line 32 is over $86,025, see the instructions for the amount to enter		36 12,500.
If you want the IRS to figure your tax, see instructions	37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-		37 127,902.
	38	Tax. Check if from a ☐ Tax Table b ☒ Tax Rate Schedules c ☐ Capital Gain Tax Worksheet, or d ☐ Form 8615. Amount from Form(s) 8814 ► e		38 31,752.
	39	Additional taxes. Check if from a ☐ Form 4970 b ☐ Form 4972		39
	40	Add lines 38 and 39 ►		40 31,752.
Credits	41	Credit for child and dependent care expenses. Attach Form 2441	41 882.	
	42	Credit for the elderly or the disabled. Attach Schedule R	42	
	43	Foreign tax credit. Attach Form 1116	43	
	44	Other credits. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)	44	
	45	Add lines 41 through 44		45 882.
	46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ►		46 30,870.
Other Taxes	47	Self-employment tax. Attach Schedule SE		47 4,296.
	48	Alternative minimum tax. Attach Form 6251		48
	49	Recapture taxes. Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828		49
	50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		50
	51	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329		51
	52	Advance earned income credit payments from Form W-2		52
	53	Household employment taxes. Attach Schedule H		53 609.
	54	Add lines 46 through 53. This is your total tax ►		54 35,775.
Payments	55	Federal income tax withheld. If any is from Form(s) 1099, check ► ☐	55 31,063.	
	56	1995 estimated tax payments and amount applied from 1994 return	56	
Attach Forms W-2, W-2G, and 1099-R on page 1.	57	Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount ► and type ►	57	
	58	Amount paid with Form 4868 (extension request)	58	
	59	Excess social security and RRTA tax withheld	59	
	60	Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136	60	
	61	Add lines 55 through 60. These are your total payments ►		61 31,063.
Refund or Amount You Owe	62	If line 61 is more than line 54, subtract line 54 from line 61. This is the amount you Overpaid ►		62
	63	Amount of line 62 you want Refunded to You ►		63
	64	Amount of line 62 you want Applied to Your 1996 Est Tax ►	64	
	65	If line 54 is more than line 61, subtract line 61 from line 54. This is the Amount You Owe. For details on how to pay, including using Form 1040-V, Payment Voucher, see instructions		65 4,712.
	66	Estimated tax penalty. Also include on line 65	66	

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your Signature ►	Date	Your Occupation: Legislator
Spouse's Signature. If a Joint Return, BOTH Must Sign ►	Date	Spouse's Occupation: Consultant

Paid Preparer's Use Only

Preparer's Signature ► Amos G Kunkle CPA	Date 04/14/96	Check if self-employed ☒	Preparer's Social Security No. 181-32-2880
Firm's Name (or yours if self-employed) and Address ►	Amos G Kunkle CPA 1414 Millard Street Bethlehem PA	EIN 23-2381062	ZIP code 18018

Schedule A
(Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Schedule A – Itemized Deductions

► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

OMB No 1545-0074
1995
07

Name(s) Shown on Form 1040: Paul F McHale, Jr & Katherine M McHale

Your Social Security Number: 187-42-1831

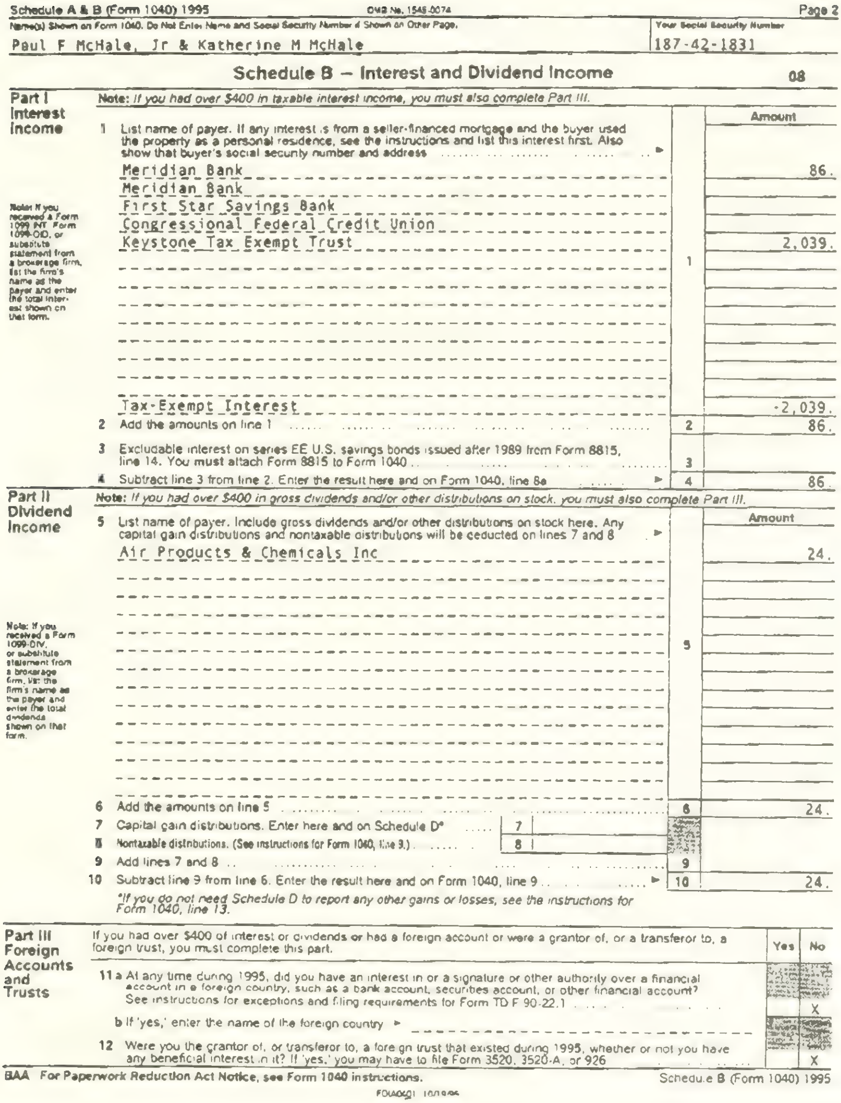
Medical and Dental Expensec		**Caution:** *Do not include expenses reimbursed or paid by others.*				
	1	Medical and dental expenses	1	857.		
	2	Enter amount from Form 1040, line 32 ...... 2 165,882.				
	3	Multiply line 2 above by 7.5% (.075)	3	12,441.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			► 4	0.
Taxes You Paid	5	State and local income taxes	5	5,138.		
	6	Real estate taxes	6	4,775.		
	7	Personal property taxes	7			
	8	Other taxes – List type and amount ►	8			
	9	Add lines 5 through 8			► 9	9,913.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	10,387.		
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►	11			
Note: Personal interest is not deductible.	12	Points not reported to you on Form 1098	12	80.		
	13	Investment interest. If required, attach Form 4952 (See instructions)	13			
	14	Add lines 10 through 13			14	10,467.
Gifts to Charity	15	Gifts by cash or check. If you made any gift of $250 or more see instructions	15	2,000.		
If you made a gift and got a benefit for it, see instructions	16	Other than by cash or check. If any gift of $250 or more, see instructions. If over $500, you must attach Form 8283	16			
	17	Carryover from prior year	17			
	18	Add lines 15 through 17			► 18	2,000.
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684			19	
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses – job travel, union dues, job education, etc. If required, you must attach Form 2106 or 2106-EZ ► See Statement 7,638.	20	7,638.		
	21	Tax preparation fees	21	315.		
(See instructions for expenses to deduct here.)	22	Other expenses – investment, safe deposit box, etc. List type and amount ►	22			
	23	Add lines 20 through 22 ►	23	7,953.		
	24	Enter amt from Form 1040, line 32 ..... 24 165,882.				
	25	Multiply line 24 above by 2% (.02)	25	3,318.		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			► 26	4,635.
Other Miscellaneous Deductions	27	Other – from list in the instructions. List type and amount ►			► 27	
Total Itemized Deductions	28	Is Form 1040, line 32, over $114,700 (over $57,350 if married filing separately)? • **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of this amount or your standard deduction. • **Yes.** Your deduction may be limited. See instructions for the amount to enter.			► 28	25,480.

Itemized Deductions Limited per IRC Sec. 68.

BAA For Paperwork Reduction Act Notice, see Instructions.

Schedule A (Form 1040) 1995

FDIA0301 10/19/95



Schedule A & B (Form 1040) 1995 OMB No. 1545-0074 Page 2

Name(s) Shown on Form 1040. Do Not Enter Name and Social Security Number if Shown on Other Page.: Paul F McHale, Jr & Katherine M McHale

Your Social Security Number: 187-42-1831

Schedule B – Interest and Dividend Income

08

Part I Interest Income

Note: *If you had over $400 in taxable interest income, you must also complete Part III.*

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also show that buyer's social security number and address ▶	1	
	Meridian Bank		86.
	Meridian Bank		
	First Star Savings Bank		
	Congressional Federal Credit Union		
	Keystone Tax Exempt Trust		2,039.
	Tax-Exempt Interest		-2,039.
2	Add the amounts on line 1	2	86.
3	Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You must attach Form 8815 to Form 1040	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	86.

Part II Dividend Income

Note: *If you had over $400 in gross dividends and/or other distributions on stock, you must also complete Part III.*

Note: If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

					Amount
5	List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 ▶			5	
	Air Products & Chemicals Inc				24.
6	Add the amounts on line 5			6	24.
7	Capital gain distributions. Enter here and on Schedule D*	7			
8	Nontaxable distributions. (See instructions for Form 1040, line 9.)	8			
9	Add lines 7 and 8			9	
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶			10	24.

**If you do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, line 13.*

Part III Foreign Accounts and Trusts

	If you had over $400 of interest or dividends or had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must complete this part.	Yes	No
11 a	At any time during 1995, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1		X
b	If 'yes,' enter the name of the foreign country ▶		
12	Were you the grantor of, or transferor to, a foreign trust that existed during 1995, whether or not you have any beneficial interest in it? If 'yes,' you may have to file Form 3520, 3520-A, or 926		X

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions. Schedule B (Form 1040) 1995

FDIA0601 10/19/95

Schedule C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065.
► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074
1995
09

Name of Proprietor: Katherine [illegible] McHale
Social Security Number (SSN): 538-58-5317

A Principal Business or Profession, including Product or Service: [illegible] Communications
B Enter Principal Business Code ► 7260
C Business Name. If No Separate Business Name, Leave Blank: Katherine McHale
D Employer ID No. (EIN), if Any:
E Business address (including suite or room no.) City, town or post office, State & ZIP code ► [illegible] Eighth Avenue
Bethlehem, PA [illegible]

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►
G Method(s) used to value closing inventory: (1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (attach explanation) (4) ☐ Does not apply (if checked, skip line H)

	Yes	No
H Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		
I Did you "materially participate" in the operation of this business during 1995? If "No," see instructions for limit on losses	☒	
J If you started or acquired this business during 1995, check here ►		

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see the instructions and check here ► ☐	1	33,999.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	33,999.
4 Cost of goods sold (from line 40 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	33,999.
6 Other income, including Federal and state gasoline or fuel tax credit or refund	6	
7 Gross income. Add lines 5 and 6 ►	7	33,999

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services	9		20 Rent or lease:		
10 Car and truck expenses	10	42	a Vehicles, machinery, & equipment	20a	
11 Commissions and fees	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	379.
13 Depreciation and section 179 expense deduction (not included in Part III)	13	541.	22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	75.
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment		
b Other	16b		c Enter 50% of line 24b subject to limitations		
17 Legal and professional services	17	385	d Subtract line 24c from line 24b	24d	
18 Office expense	18	23	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 46 on page 2)	27	

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns ►	28	1,445
29 Tentative profit (loss). Subtract line 28 from line 7	29	32,554.
30 Expenses for business use of your home. Attach Form 8829	30	2,149
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you MUST go on to line 32.	31	30,405.

32 If you have a loss, check the box that describes your investment in this activity.
• If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
• If you checked 32b, you MUST attach Form 6198.
32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1995

FDIZ0112 10/26/95

Schedule C (Form 1040) 1995 Katherine M McHale 538-58-5317 Page 2

Part III Cost of Goods Sold

33 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	33	
34 Purchases less cost of items withdrawn for personal use	34	
35 Cost of labor. Do not include salary paid to yourself	35	
36 Materials and supplies	36	
37 Other costs	37	
38 Add lines 33 through 37	38	
39 Inventory at end of year	39	
40 **Cost of goods sold.** Subtract line 39 from line 38. Enter the result here and on page 1, line 4	40	

Part IV Information on Your Vehicle.

Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

41 When did you place your vehicle in service for business purposes? (month, day, year) ▶ ____________.

42 Of the total number of miles you drove your vehicle during 1995, enter the number of miles you used your vehicle for:

a Business ________________ b Commuting ________________ c Other ________________

43 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

44 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

45a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ☐ Yes ☐ No

Part V Other Expenses.

List below business expenses not included on lines 8 - 26 or line 30.

46 **Total other expenses**. Enter here and on page 1, line 27	46	

Schedule SE (Form 1040) Department of the Treasury Internal Revenue Service	**Self-Employment Tax** ▶ See Instructions for Schedule SE (Form 1040). ▶ Attach to Form 1040.	OMB No. 1545-0074 **1995** 17

Name of Person with Self-employment Income (as shown on Form 1040): Katherine M McHale

Social Security Number of Person with **Self-employment Income** ▶ 538-58-5317

Who Must File Schedule SE

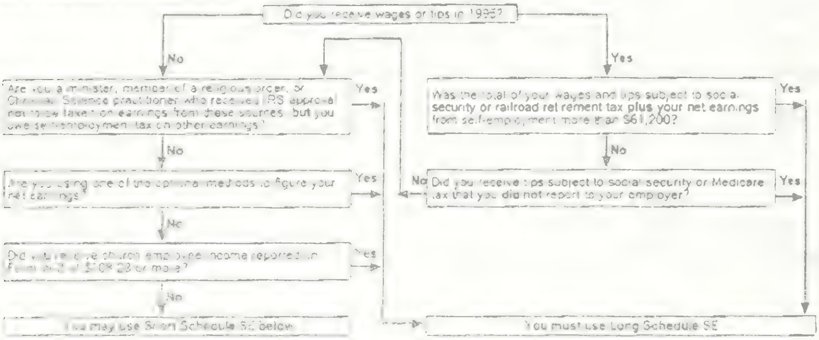
You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of $400 or more, or
- You had church employee income of $108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income.

Note. *Even if you have a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE.*

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt–Form 4361" on Form 1040, line 47.

May I use Short Schedule SE or MUST I use Long Schedule SE?


Did you receive wages or tips in 1995?
No
Yes
Are you a minister, member of a religious order, or Christian Science practitioner who received IRS approval not to be taxed on earnings from these sources, but you owe self-employment tax on other earnings?
Yes
No
Are you using one of the optional methods to figure your net earnings?
Yes
No
Did you receive church employee income reported on Form W-2 of $108.28 or more?
Yes
No
You may use Short Schedule SE below
Was the total of your wages and tips subject to social security or railroad retirement tax plus your net earnings from self-employment more than $61,200?
Yes
No
Did you receive tips subject to social security or Medicare tax that you did not report to your employer?
No
Yes
You must use Long Schedule SE

Section A – Short Schedule SE. Caution: *Read above to see if you can use Short Schedule SE.*

1	Net farm profit (or loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a		1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see instructions for amounts to report on this line. See instructions for other income to report		2	30,405.
3	Combine lines 1 and 2		3	30,405.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than $400, do not file this schedule; you do not owe self-employment tax	▶	4	28,079.
5	Self-employment tax. If the amount on line 4 is: • $61,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 47. • More than $61,200, multiply line 4 by 2.9% (.029). Then, add $7,588.80 to the result. Enter the total here and on Form 1040, line 47.		5	4,296
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 25	6 2,148		

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

► Attach to Form 1040.

OMB No. 1545-0068

1995

21

Name(s) Shown on Form 1040: Paul F McHale, Jr & Katherine M McHale

Your Social Security Number: 187-42-1831

You need to understand the following terms to complete this form: **Qualifying Person(s), Dependent Care Benefits, Qualified Expenses, and Earned Income.** See **Important Terms** in the instructions.

Part I **Persons or Organizations Who Provided the Care** – You must complete this part.
(If you need more space, use the bottom of page 2.)

1 (a) Care provider's name	(b) Address (no., street, apt no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
First Presbyterian Church	2344 Center Street Bethlehem, PA	24-0796866	625.50
Jane Blake	914 Seventh Avenue Bethlehem, PA	245-76-7080	3,786.00

2 Add the amounts in column (d) of line 1	2	4,412.
3 Enter the number of qualifying persons cared for in 1995 ►	2	

Did you receive dependent care benefits?
No ——► Complete only Part II below.
Yes ——► Complete Part III on page 2 now.

Part II **Credit for Child and Dependent Care Expenses**

4 Enter the amount of qualified expenses you incurred and paid in 1995. Do not enter more than $2,400 for one qualifying person or $4,800 for two or more persons. If you completed Part III, enter the amount from line 25	4	4,412.		
5 Enter your earned income	5	133,600.		
6 If married filing a joint return, enter your spouse's earned income (if student or disabled, see the instructions); all others, enter the amount from line 5	6	32,539.		
7 Enter the smallest of line 4, 5, or 6			7	4,412.
8 Enter the amount from Form 1040, line 32	8	165,882.		
9 Enter on line 9 the decimal amount shown below that applies to the amount on line 8			9	X 0.20

If line 8 is –

Over	But not over	Decimal amount is
$0 –	10,000	.30
10,000 –	12,000	.29
12,000 –	14,000	.28
14,000 –	16,000	.27
16,000 –	18,000	.26
18,000 –	20,000	.25

If line 8 is –

Over	But not over	Decimal amount is
$20,000 –	22,000	.24
22,000 –	24,000	.23
24,000 –	26,000	.22
26,000 –	28,000	.21
28,000 –	No limit	.20

10 Multiply line 7 by the decimal amount on line 9. Enter the result. Then, see the instructions for the amount of credit to enter on Form 1040, line 41	10	882.

Caution: *If you paid a person who worked in your home, you may have to pay employment taxes. See the instructions for Form 1040, line 53.*

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (1995) Paul F McHale, Jr & Katherine M McHale 187-42-1831 Page 2

Part III **Dependent Care Benefits** — Complete this part only if you received these benefits.

11 Enter the total amount of **dependent care benefits** you received for 1995. This amount should be shown in box 10 of your W-2 form(s). **Do not** include amts that were reported to you as wages in box 1 of Form(s) W-2 . . 11

12 Enter the amount forfeited, if any 12

13 Subtract line 12 from line 11 13

14 Enter the total amount of **qualified expenses** incurred in 1995 for the care of the qualifying person(s) 14

15 Enter the **smaller** of line 13 or 14 15

16 Enter **your earned income** 16

17 If married filing a joint return, enter **your spouse's** earned income (if student or disabled, see the line 6 instructions); if married filing a separate return, see the instructions for the amount to enter; all others, enter the amount from line 16 17

18 Enter the **smallest** of line 15, 16, or 17 18

19 **Excluded benefits.** Enter here the smaller of the following:

- The amount from line 18, or
- $5,000 ($2,500 if married filing a separate return and you were required to enter your spouse's earned income on line 17). 19

20 **Taxable benefits.** Subtract line 19 from line 13. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, write 'DCB' 20

To claim the child and dependent care credit, complete lines 21 - 25 below, and lines 4 - 10 on page 1 of this form.

21 Enter the amount of qualified expenses you incurred and paid in 1995. **Do not** include on this line any excluded benefits shown on line 19 21

22 Enter $2,400 ($4,800 if two or more qualifying persons) 22

23 Enter the amount from line 19 23

24 Subtract line 23 from line 22. If zero or less, **Stop.** You cannot take the credit. **Exception** If you paid 1994 expenses in 1995, see the line 10 instructions 24

25 Enter the **smaller** of line 21 or 24 here and on line 4 on page 1 of this form 25

Schedule H
(Form 1040)

Department of the Treasury
Internal Revenue Service

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, 1040-SS, 1040-T, or 1041.

► See separate instructions.

OMB No. 1545-0074

1995

44

Name of Employer (as shown on return): Katherine M McHale

Social Security Number: 538-58-5317

Employer Identification Number: 23-2656351

A Did you pay any one household employee cash wages of $1,000 or more in 1995? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

☒ **Yes.** Skip questions B and C and go to Part I.
☐ **No.** Go to question B.

B Did you withhold federal income tax during 1995 for any household employee?

☐ **Yes.** Skip question C and go to Part I.
☐ **No.** Go to question C.

C Did you pay total cash wages of $1,000 or more in any calendar quarter of 1994 or 1995 to household employees? (Do not count cash wages paid in 1994 or 1995 to your spouse, your child under age 21, or your parent.)

☐ **No.** **Stop.** Do not file this schedule.
☐ **Yes.** Skip Part I and go to Part II.

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see instructions)	1	3,786.		
2	Social security taxes. Multiply line 1 by 12.4% (.124)			2	469.
3	Total cash wages subject to Medicare taxes (see instructions)	3	3,786.		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)			4	110.
5	Federal income tax withheld, if any			5	0.
6	Add lines 2, 4, and 5			6	579.
7	Advance earned income credit (EIC) payments, if any			7	
8	**Total social security, Medicare, and income taxes.** Subtract line 7 from line 6			8	579.

9 Did you pay total cash wages of $1,000 or more in any calendar quarter of 1994 or 1995 to household employees? (Do not count cash wages paid in 1994 or 1995 to your spouse, your child under age 21, or your parent.)

☐ **No.** **Stop.** Take the amount from line 8 above and enter it on Form 1040, line 53, or Form 1040A, line 27. If you are not required to file Form 1040 or 1040A, see the line 9 instructions.

☒ **Yes.** Go to Part II.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule H (Form 1040) 1995 Katherine MMcHale 538-58-5317 Page 2

Part II Federal Unemployment (FUTA) Tax

		Yes	No
10	Did you pay unemployment contributions to only one state?	☒	☐
11	Did you pay all state unemployment contributions for 1995 by April 15, 1996? Fiscal year filers, see instructions	☒	☐
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	☒	☐

Next: If you answered 'Yes' to all of the questions above, complete Section A.
If you answered 'No' to any of the questions above, skip Section A and complete Section B.

Section A

13 Name of state where you paid unemployment contributions ▶ PA

14 State reporting number as shown on state unemployment tax return ▶ 39-29598

15 Contributions paid to your state unemployment fund (see instructions) 15 390.17

16 Total cash wages subject to FUTA tax (see instructions) 16 3,786.

17 FUTA tax. Multiply line 16 by .008 Enter the result here, skip Section B, and go to Part III 17 30.

Section B

18 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of State	(b) State reporting no. as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply column (c) by .054	(g) Multiply column (c) by column (e)	(h) Subtract column (g) from column (f). If zero or less, enter -0-.	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals 19

20 Add columns (h) and (i) of line 19 20

21 Total cash wages subject to FUTA tax (see instructions) 21

22 Multiply line 21 by 6.2% (.062) 22

23 Multiply line 21 by 5.4% (.054) 23

24 Enter the smaller of line 20 or line 23 24

25 FUTA tax. Subtract line 24 from line 22 Enter the result here and go to Part III 25

Part III Total Household Employment Taxes

26 Enter the amount from line 8 26 579.

27 Add line 17 (or line 25) and line 26 27 609.

28 Are you required to file Form 1040 or 1040A?

☒ **Yes. Stop.** Take the amount from line 27 above and enter it on Form 1040, line 53, or Form 1040A, line 27 Do not complete Part IV below.

☐ **No.** You may have to complete Part IV See instructions.

Part IV Address and Signature — Complete this part only if required See instructions

Address (number and street) or P.O. Box if Mail is Not Delivered to Street Address

Apt. Room, or Suite Number

City, Town or Post Office, State and ZIP Code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees

▶ Employer's Signature

▶ Date

Form **2106** Department of the Treasury Internal Revenue Service (99)	**Employee Business Expense** ► Attach to Form 1040 or Form 1040-T.	OMB No. 1545-0139 **1995** 54
Your Name Paul F McHale, Jr	Social Security Number 187-42-1831	Occupation in Which Expenses Were Incurred Legislator

Part I **Employee Business Expenses and Reimbursements**

Step 1 Enter Your Expenses		**Column A** Other than Meals and Entertainment	**Column B** Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc, that did not involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	6,600.	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	450.	
5 Meals and entertainment expenses	5		3,000.
6 **Total expenses.** In column A, add lines 1 through 4 and enter the result. In column B, enter the amount from line 5	6	7,050.	3,000.

Note: *If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.*

Step 2 Enter Amounts Your Employer Gave You for Expenses Listed in Step 1

7 ~~Enter amounts your employer gave you that were not reported to you in box 1 of Form W-2. Include any amount reported under code L in box 13 of your Form W-2~~	7	2,232.*	

* Adjustment to be in compliance with IRC 162(a)

Step 3 Figure Expenses to Deduct on Schedule A (Form 1040) or Form 1040-T, Section B

8 Subtract line 7 from line 6	8	4,818.	3,000.
Note: *If both columns of line 8 are zero, stop here. If column A is less than zero, report the amount as income on Form 1040, line 7, or Form 1040-T, line 1.*			
9 In column A, enter the amount from line 8 (if zero or less, enter -0-). In column B, multiply the amount on line 8 by 50% (.50)	9	4,818.	1,500.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on **Schedule A (Form 1040), line 20, or Form 1040-T, Section B, line n.** (Qualified performing artists and individuals with disabilities, see the instructions for special rules on where to enter the total.) ►		10	6,318.

BAA For Paperwork Reduction Act Notice, see Instructions. Form **2106** (1995)

Form 2106 (1995) Paul E McHale Jr 187-42-1831 Page 2

Part II Vehicle Expenses (See instructions to find out which sections to complete.)

Section A — General Information

			(a) Vehicle 1	(b) Vehicle 2
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was used during 1995	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily round trip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other personal miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Do you (or your spouse) have another vehicle available for personal purposes? ☐ Yes ☐ No

19 If your employer provided you with a vehicle, is personal use during off-duty hours permitted? ☐ Yes ☐ No ☐ Not applicable

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B — Standard Mileage Rate (Use this section only if you own the vehicle.)

22 Multiply line 13 by 30¢ (.30). Enter the result here and on line 1. (Rural mail carriers, see instructions.) 22

Section C — Actual Expenses

			(a) Vehicle 1		(b) Vehicle 2	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24a	Vehicle rentals	24a				
b	Inclusion amount	24b				
c	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 — see instructions)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on line 1	29				

Section D — Depreciation of Vehicles (Use this section only if you own the vehicle.)

			(a) Vehicle 1		(b) Vehicle 2	
30	Enter cost or other basis	30				
31	Enter amount of section 179 deduction	31				
32	Multiply line 30 by line 14 (see instructions if you elected the section 179 deduction)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount from the table in the line 36 instructions	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter smaller of line 35 or line 37. Also enter this amount on line 28 above	38				

Form **2106-EZ**

Department of the Treasury
Internal Revenue Service (99)

Unreimbursed Employee Business Expenses

► Attach to Form 1040 or Form 1040-T.

OMB No 1545-1441

1995

54A

Your Name	Social Security Number	Occupation in Which Expenses Were Incurred
Katherine McHale	538-58-5317	Naval Officer

Part I General Information

You may use this form Only if all of the following apply:

- You are an employee deducting expenses attributable to your job.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements).
- If you are claiming vehicle expense,
  - a You own your own vehicle, and
  - b You are using the standard mileage rate for 1995 And also used it for the year you first placed the vehicle in service.

Part II Figure Your Expenses

1	Vehicle expense using the standard mileage rate. Complete Part III and multiply line 8a by 30¢ (.30)	1	1,221.
2	Parking fees, tolls, and transportation, including train, bus, etc, that did not involve overnight travel	2	99.
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	
5	Meals and entertainment expenses: $ ______ x 50% (.50)	5	
6	**Total expenses.** Add lines 1 through 5. Enter here and on **line 20 of Schedule A (Form 1040)**, or Form 1040-T, Section B, line n. (Qualified performing artists and individuals with disabilities, see instructions for special rules on where to enter this amount.)	6	1,320.

Part III Information on Your Vehicle. Complete this part Only if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business purposes? (month, day, year) ► 07/01/93

8 Of the total number of miles you drove your vehicle during 1995, enter the number of miles you used your vehicle for:

a Business 4,070 b Commuting 0 c Other 7,930

9 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

10 Was your vehicle available for use during off-duty hours? ☒ Yes ☐ No

11 a Do you have the evidence to support your deduction? ☒ Yes ☐ No

b If 'Yes,' is the evidence written? ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2106-EZ (1995)

Form 8829

Department of the Treasury
Internal Revenue Service (99)

Expenses for Business Use of Your Home

► File only with Schedule C (Form 1040).
Use a separate Form 8829 for each home you used for business during the year.
► See separate instructions.

OMB No. 1545-1266

1995

66

Name(s) of proprietor(s): Katherine M McHale

Your Social Security Number: 538-58-5317

Part I Part of Your Home Used for Business

Service, Communications

1	Area used regularly and exclusively for business, regularly for day care, or for inventory storage			1	250
2	Total area of home			2	2,500
3	Divide line 1 by line 2. Enter the result as a percentage			3	10.00 %
	• For day-care facilities not used exclusively for business, also complete lines 4 - 6.				
	• All others, skip lines 4 - 6 and enter the amount from line 3 on line 7.				
4	Multiply days used for day care during year by hours used per day	4	hr		
5	Total hours available for use during the year (365 days x 24 hours)	5	8,760 hr		
6	Divide line 4 by line 5. Enter the result as a decimal amount	6			
7	Business percentage. For day-care facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 ►			7	10.00 %

Part II Figure Your Allowable Deduction

			(a) Direct expenses	(b) Indirect expenses		
8	Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions				8	32,554
	See instrs for columns (a) & (b) before completing lines 9-20					
9	Casualty losses	9				
10	Deductible mortgage interest	10		11,541.		
11	Real estate taxes	11		5,306.		
12	Add lines 9, 10, and 11	12		16,847.		
13	Multiply line 12, column (b) by line 7	13		1,685.		
14	Add line 12, column (a) and line 13				14	1,685.
15	Subtract line 14 from line 8. If zero or less, enter -0-				15	30,869.
16	Excess mortgage interest	16				
17	Insurance	17		287.		
18	Repairs and maintenance	18				
19	Utilities	19		2,725.		
20	Other expenses	20		1,470		
21	Add lines 16 through 20	21		4,482.		
22	Multiply line 21, column (b) by line 7	22		448.		
23	Carryover of operating expenses from 1994 Form 8829, line 41	23				
24	Add line 21 in column (a), line 22, and line 23				24	448
25	Allowable operating expenses. Enter the smaller of line 15 or line 24				25	448.
26	Limit on excess casualty losses and depreciation. Subtract line 25 from line 15				26	30,421.
27	Excess casualty losses	27				
28	Depreciation of your home from Part III below	28		16.		
29	Carryover of excess casualty losses and depreciation from 1994 Form 8829, line 42	29				
30	Add lines 27 through 29				30	16.
31	Allowable excess casualty losses and depreciation. Enter the smaller of line 26 or line 30				31	16.
32	Add lines 14, 25, and 31				32	2,149.
33	Casualty loss portion, if any, from lines 14 and 31. Carry amount to Form 4684, Section B				33	
34	Allowable expenses for business use of your home. Subtract line 33 from line 32. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ►				34	2,149.

Part III Depreciation of Your Home

35	Enter the smaller of your home's adjusted basis or its fair market value	35	
36	Value of land included on line 35	36	
37	Basis of building. Subtract line 36 from line 35	37	
38	Business basis of building. Multiply line 37 by line 7	38	
39	Depreciation percentage	39	%
40	Depreciation allowable. Multiply line 38 by line 39. Enter here and on line 28 above See Attached	40	16

Part IV Carryover of Unallowed Expenses to 1996

41	Operating expenses. Subtract line 25 from line 24. If less than zero, enter -0-	41	0
42	Excess casualty losses and depreciation. Subtract line 31 from line 30. If less than zero, enter -0-	42	0.

0141 For Paperwork Reduction Act Notice, see instructions. Form 8829 (1995)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach this form to your return.

OMB No. 1545-0172

1995

67

Name(s) Shown on Return	Business or Activity to Which This Form Relates	Identifying Number
Paul F McHale, Jr & Katherine M McHale	Sch C Service, Communications	187-42-1831

Part I Election to Expense Certain Tangible Property (Section 179)

(**Note:** *If you have any 'Listed Property,' complete Part V before you complete Part I.*)

1	Maximum dollar limitation. If an enterprise zone business, see instructions.	1	$17,500
2	Total cost of section 179 property placed in service during the tax year	2	476.
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	17,500.

6 (a) Description of property	(b) Cost	(c) Elected cost
FAX Machine	476.	476.

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	476.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	476.
10	Carryover of disallowed deduction from 1994	10	
11	Taxable income limitation. Enter the smaller of taxable income (not less than zero) or line 5	11	17,500.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	476.
13	Carryover of disallowed deduction to 1996. Add lines 9 and 10, less line 12 ▶	13	0.

Note: *Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.*

Part II MACRS Depreciation for Assets Placed in Service Only During Your 1995 Tax Year

(Do Not Include Listed Property)

Section A – General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box (See instructions.) ▶ ☐

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
Section B – General Depreciation System (GDS)						
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g Residential rental			27.5 yrs	MM	S/L	
property			27.5 yrs	MM	S/L	
h Nonresidential real	08/08/95	1,680.	39 yrs	MM	S/L	16.
property				MM	S/L	
Section C – Alternative Depreciation System (ADS)						
16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1995	17	0.
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	65.

Part IV Summary

20	Listed property. Enter amount from line 26	20	0.
21	Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	21	557.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

BAA For Paperwork Reduction Act Notice, see Instructions. Form 4562 (1995)

FDIZ0812 11/20/95

Form 4562 (1995) Paul F McHale, Jr & Katherine M McHale 187-42-1831 Page 2

Part V Listed Property — Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A — Depreciation and Other Information (Caution: *See instructions for limitations for automobiles.*)

23a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No 23b If 'Yes,' is the evidence written? ☐ Yes ☒ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use:								
Computer	06/01/94	100.00	2,261.	0.	5.00	200DB/HY	0.	
25 Property used 50% or less in a qualified business use:								
93 Ford Van	07/01/93	1.17						

26 Add amounts in column (h). Enter the total here and on line 20, page 1 .... 26 0.

27 Add amounts in column (i). Enter the total here and on line 7, page 1 27

Section B — Information On Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
28 Total business/investment miles driven during the year (Do not include commuting miles)	140.											
29 Total commuting miles driven during the year	1,500.											
30 Total other personal (noncommuting) miles driven	10,360.											
31 Total miles driven during the year. Add lines 28 through 30	12,000.											
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?	X											
33 Was the vehicle used primarily by a more than 5% owner or related person?	X											
34 Is another vehicle available for personal use?	X											

Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles.*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1995 tax year:					

41 Amortization of costs that began before 1995 41

42 Total. Enter here and on 'Other Deductions' or 'Other Expenses' line of your return 42

Schedule A
Lines 20, 22, 27

Miscellaneous Itemized Deductions Statement

► Attach to return (after all IRS forms)

1995
Statement ____

Name(s) shown on return Paul F McHale, Jr & Katherine M McHale	Social Security Number 187-42-1831

Employee Business Expenses (Subject to 2% Limitation)

1	Unreimbursed employee expenses from Form 2106	1	7,638.00
2	Excluded expenses from Form 2555	2	< >
3	Other unreimbursed employee business expenses:		
a	Union and professional dues	3a	
b	Professional subscriptions	b	
c	Uniforms and protective clothing	c	
d	Job search costs	d	
e	Other:	e	
4	**Total unreimbursed employee business expenses**	4	7,638.00

Miscellaneous Expenses (Subject to 2% Limitation)

		Investment Expense ↓		
5	Depreciation and amortization deductions	☐	5	
6	Losses from casualty/theft of business property, Form 4684/4797	☐	6	
7	REMIC expenses, from Schedule E	☐	7	
8	Investment expenses related to dividend income	☐	8	
9	Deductions related to portfolio income, miscellaneous deductions, and excess deductions on termination, from Schedule K-1	☐	9	
10	Miscellaneous deductions excluded on Form 2555	☐	10	< >
11	Other miscellaneous expenses:			
a	Investment counsel and advisory fees	☐	11a	
b	Certain attorney and accounting fees	☐	b	
c	Safe deposit box rental fees	☐	c	
d	IRA custodial fees	☐	d	
e	Other:		e	
		☐		
		☐		
		☐		
		☐		
12	**Total miscellaneous expenses**			

Other Miscellaneous Deductions Not Subject to 2% Limitation

13	Federal estate tax paid on decedent's income reported on this return	13	
14	Miscellaneous deductions excluded on Form 2555	14	< >
15	Impairment-related expenses of a handicapped employee, from Form 2106	15	
16	Amortizable bond premiums on bonds acquired before 10/23/86	16	
17	Gambling losses (to the extent of gambling income)	17	
18	Other miscellaneous deductions:	18	
19	**Total other miscellaneous deductions**		

Section 179 Expense Report

► Keep for your records

1995
PAGE 1

Name(s) shown on return: Paul F McHale, Jr & Katherine M McHale

Social Security Number: 187-42-1831

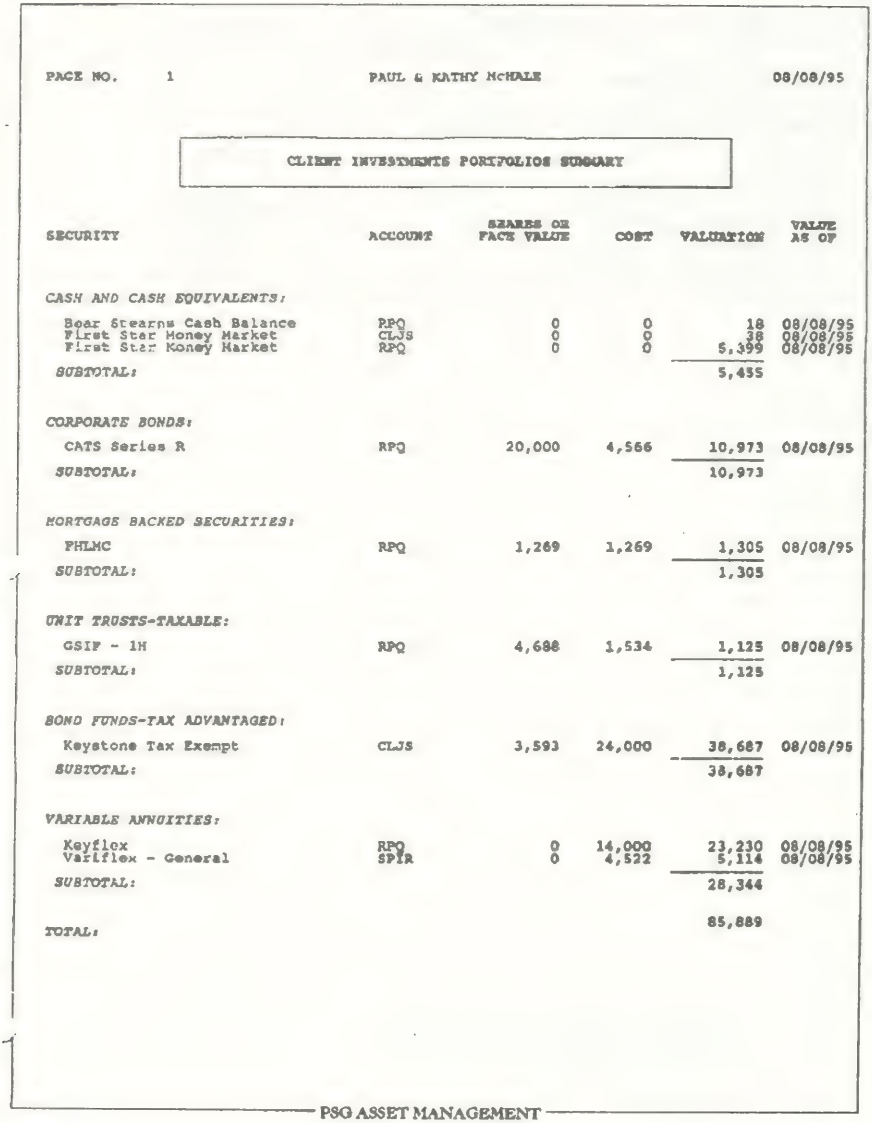
Activity	Description of Property	Business Use Cost/Basis	Elected Section 179 Expense
Sch C Service, Communications	FAX Machine	476.	476.
From K-1(s): Current year	▨	▨	
Carryover	▨	▨	
Totals: Current year		476.	476.
Carryover			

Paul F McHale, Jr & Katherine M McHale 187-42-1831 1

Supporting Statement of:

Charitable Contributions Worksheet/Pt I: ln 1 Amt-1

Description	Amount
Sts Simon and Jude Church	1,125.00
Burnside Plantation, Inc.	600.00
Minsi Trails Council - Boy Scouts of America	75.00
New Bethany Ministries	100.00
YMCA	100.00
	2,000.00

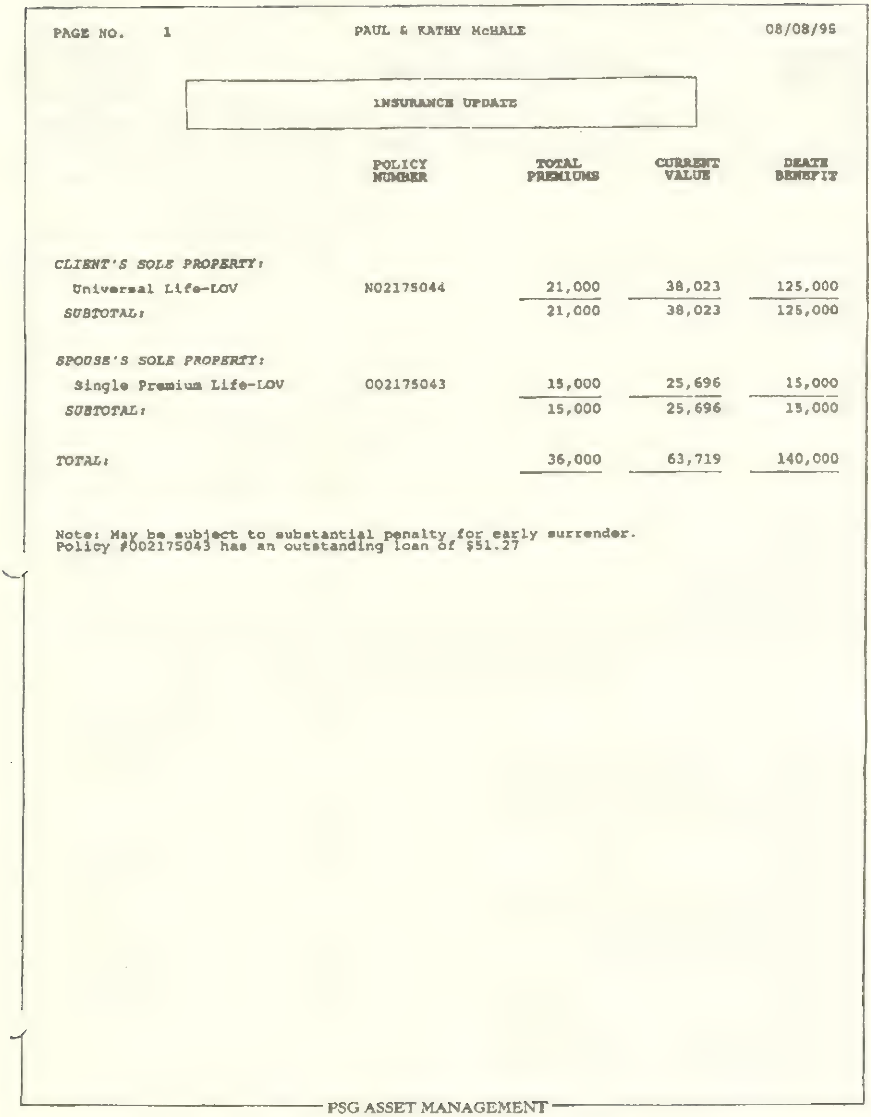


PAGE NO. 1 PAUL & KATHY MCHALE 08/08/95

CLIENT INVESTMENTS PORTFOLIOS SUMMARY

SECURITY	ACCOUNT	SHARES OR FACE VALUE	COST	VALUATION	VALUE AS OF
CASH AND CASH EQUIVALENTS:					
Bear Stearns Cash Balance	RPQ	0	0	18	08/08/95
First Star Money Market	CLJS	0	0	38	08/08/95
First Star Money Market	RPQ	0	0	5,399	08/08/95
SUBTOTAL:				5,455	
CORPORATE BONDS:					
CATS Series R	RPQ	20,000	4,566	10,973	08/08/95
SUBTOTAL:				10,973	
MORTGAGE BACKED SECURITIES:					
FHLMC	RPQ	1,269	1,269	1,305	08/08/95
SUBTOTAL:				1,305	
UNIT TRUSTS-TAXABLE:					
GSIF - 1H	RPQ	4,688	1,534	1,125	08/08/95
SUBTOTAL:				1,125	
BOND FUNDS-TAX ADVANTAGED:					
Keystone Tax Exempt	CLJS	3,593	24,000	38,687	08/08/95
SUBTOTAL:				38,687	
VARIABLE ANNUITIES:					
Keyflex	RPQ	0	14,000	23,230	08/08/95
Variflex - General	SPIR	0	4,522	5,114	08/08/95
SUBTOTAL:				28,344	
TOTAL:				85,889	

PSG ASSET MANAGEMENT



PAGE NO. 1 PAUL & KATHY McHALE 08/08/95

INSURANCE UPDATE

	POLICY NUMBER	TOTAL PREMIUMS	CURRENT VALUE	DEATH BENEFIT
CLIENT'S SOLE PROPERTY:				
Universal Life-LOV	N02175044	21,000	38,023	125,000
SUBTOTAL:		21,000	38,023	125,000
SPOUSE'S SOLE PROPERTY:				
Single Premium Life-LOV	002175043	15,000	25,696	15,000
SUBTOTAL:		15,000	25,696	15,000
TOTAL:		36,000	63,719	140,000

Note: May be subject to substantial penalty for early surrender.
Policy #002175043 has an outstanding loan of $51.27

PSG ASSET MANAGEMENT

COMMONWEALTH OF PENNSYLVANIA
STATE EMPLOYES' RETIREMENT SYSTEM
STATEMENT OF ACCOUNT AS OF DECEMBER 31, 1995

Annually the State Employes' Retirement System (SERS) provides each member with current retirement account information which should be helpful in understanding the benefits provided by the retirement plan and in doing financial planning. This statement was prepared using the data recorded in your retirement account as of December 31, 1995, and is subject to final audit by the SERS in accordance with applicable law and regulations. PLEASE REFER TO THE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT YOUR STATEMENT.

SS#: 187-42-1831
Date of Birth: 26-JUL-1950
Sex: M Region Code: OO
Normal Retirement Date: 26-JUL-2000
Credited Service as of 12-31-95:

Class	Service
A-E0	8.0944
A-60	2.2890

PREPARED FOR: PAUL MCHALE
523 EIGHTH AVENUE

BETHLEHEM PA 18018

ACCOUNT BALANCE

	REGULAR	SSI
Balance as of 12-31-94	$32,543.46	
1995 Activity		
Contributions		
Lump Sum Payments		
Arrears Payments		
Adjustments*		
Credited Interest	$1,302.00	
Balance as of 12-31-95	$33,845.46	
Arrears Balance as of 12-31-95 -		

Coverage Type	:	FULL
Contribution Rate	:	5.00%
Final Average Salary	:	$42,333.28
1995 Retirement Covered Earnings	:	
SSI Non-Covered Earnings	:	
Joint Coverage Conversion Amount	:	
Mandatory Debt	:	

-----TAXABLE BREAKDOWN OF ACCOUNT-----

	Tax-Deferred Contributions	:	$14,272.04
+	Previously Taxed Contributions	:	$11,651.33
+	Credited Interest	:	$7,922.09
=	Account Balance as of 12-31-95	:	$33,845.46

*Adjustments reflect corrections to your account about which you have been notified.

Benefit estimates are prepared for members who have reached Normal Retirement Age and for members who have at least 10 years of credited service for Regular Retirement and at least 5 years of credited service for Disability Retirement (State Police and Enforcement Officers have no minimum service requirement for disability retirement).

If you terminate prior to attaining eligibility for monthly benefits, that is prior to becoming vested, you would be entitled to receive your account balance minus any debts to the Commonwealth as of your date of termination.

BENEFIT ESTIMATES

	Current as of 12-31-95	Projected to Normal Retirement
FULL RETIREMENT - This option provides the maximum monthly benefits to you for life. If you die before receiving your total accumulated deductions, the balance will be paid to your beneficiary(ies).	$517.58	$661.58
OPTION 1 - This option provides reduced monthly benefits to you for life. All monthly benefits are reduced from the Present Value. Any balance remaining at your death will be paid to your beneficiary(ies).	$505.22	$637.98
PRESENT VALUE - Death Benefit under Option 1 or a death in state service.	$114,955.97	$137,519.81
OPTION 4 - You may receive all or a portion of your accumulated deductions (contributions and interest) in a lump sum or installment payments and receive reduced monthly benefits under one of the other retirement options. Option 4 is available only at the time of retirement and may not exceed your accumulated deductions.	$33,845.46	$40,488.85
FULL RETIREMENT ADJUSTED UNDER OPTION 4	$365.52	$467.44
OPTION 1 ADJUSTED UNDER OPTION 4	$356.73	$450.63
ADJUSTED PRESENT VALUE UNDER OPTION 1 WITH OPTION 4	$81,110.51	$97,030.96
MAXIMUM DISABILITY - You must be medically certified by SERS Medical Examiners to be physically or mentally incapable of performing your current job duties. OPTION 4 WITHDRAWAL IS NOT AVAILABLE WITH A DISABILITY RETIREMENT.		

*REFER TO CODES A THROUGH R ON THE REVERSE SIDE OF THIS FORM FOR AN EXPLANATION OF THE FOLLOWING CODES AS THEY APPLY TO YOUR BENEFIT ESTIMATES:

ADDITIONAL RETIREMENT OPTIONS ARE AVAILABLE. PLEASE TELEPHONE YOUR SERS REGIONAL RETIREMENT COUNSELOR TOLL-FREE (1-800-633-5461) FOR QUESTIONS CONCERNING YOUR BENEFIT RIGHTS OR THIS STATEMENT OF ACCOUNT.

--

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers and employees

JOHN M. McHugh

Box 863, Pierrepont MANOR, N.Y. 13674 (315) 465-5261

Mailing Address — Daytime Telephone

⑨

96 MAY 15 PM 2:01

U.S. HOUSE OF REPRESENTATIVES

Me HAND

(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives	State N.Y. District 24	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. [illegible] If yes, complete and attach Schedule I	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than [illegible] and not otherwise exempt)? If yes, complete and attach Schedule VI	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☒	No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, page [illegible])	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page [illegible])	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104).

SIGNATURE OF REPORTING INDIVIDUAL John M. McHugh

DATE (Month, Day, Year) MAY 15, 1996

Name JOHN M. McHugh | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
NATIONAL REPUBLICAN SENATORIAL CAMPAIGN COMMITTEE		SPOUSE SALARY	$7969

For payments to charity in lieu of honoraria, use Schedule II.

Name JOHN M McHugh

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug 13, 1994	$500
NONE			

This page may be copied if more space is required.

Name JOHN M McHugh

Page 34 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	KEY BANK NA STOCK		X										X							X									
	KEY BANK NA CD		X												X					X									
	NORSTARBANK, WATERTOWN, CD		X												X						X								
	MARINE MIDLAND BANK, SAVings	X													X				X										
	Congressional FEDERAL CREDIT UNION		X												X					X									
	STATE Employee FEDERAL CREDIT UNION	X													X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN M. McHugh

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	PERSONAL LOAN TO CAMPAIGN		X																X										

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Name John M. McHugh | Page 5 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10-12-95		X								
	NONE															

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Name JOHN M. McHugh Page 9 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St, Dover, Del				X						
	KEY BANK, WATERTOWN N.Y.	LOAN ON RECREATIONAL BOAT	X									
SP	KEY BANK, ALBANY, N.Y.	LAW SCHOOL LOAN		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250 For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name JOHN M. McHugh

Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	ASPEN INSTITUTE	4/15 - 22	Wash DC. - ST. CROIX V.I. - Wash D.C.	Y.	Y	Y	2 DAYS
	ASPEN INSTITUTE	8/29 - 9/1	Syr. N.Y. - ISTANBUL - Syr. N.Y.	Y	Y	Y	N.

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Name JOHN M. McHugh | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
MEMBER OF THE BOARD	UNITED STATES MILITARY ACADEMY AT WEST POINT

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(6)

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 2:32
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

Scott McInnis (Full Name)
3320 Crestview Way (Mailing Address)
Grand Junction, CO 81506
970-257-0272 (Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives — State: Colorado District: 3	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Scott McInnis

Page 2 of 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
SP	Alpine Bank of CO stock						X						X								X								
SP	Alpine Bank of CO Savings					X									X						X								
	Scott McInnis and Associates, PC	X (Net)	X (Gross)												X						X								
JT	Mutual of Omaha IRA			X											X														
JT	Colorado National Bank IRA			X											X				X										
	First Federal Savings (deferred income)			X											X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Scott McInnis

Page 3 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	David Smith Ranch Stock			X									X						X										
	Alpine Bank IRA		X												X					X									
JT	1224 Grand Ave., Glenwood Sprs., CO	X														X									X(Gross)				S
DC	1224 GrandA ve., Glenwood Sprs., CO	X														X										X (Gross)			S
JT	* See Below (Scott 1% ownership) Invest Partnership (SP 49% ownership)																												
	* First Banks Stock						X						X										X						
	* Allstate Stock	X											X						X										S
	* Alpine Bank Stock					X							X							X									
	* Dean Witter		X										X						X										
	* Health-O-Meter		X										X						X										
	*Natural Gas Investors		X										X						X										
	*First Alert Stock		X										X						X										P
	* Superior Industrial		X										X						X										P
	* LTIC, Inc.		X										X						X										P
	Townhome-Lot 1, Hills #1, Washington Cty Utah (St. George UT, -1/6 ownership		X																X										Family Transfer

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SCHEDULE IV — TRANSACTIONS

Name Scott McInnis

Page 4 **of** 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT/DC	1224 Grand Ave., Glenwood Sprs., CO		X		10-23-95				X						
JT	The following 4 transactions were investment														
	AllState Stock		X		9-28-95	X									
	First Alert Stock	X			9-28-95	X									
	Superior Industrial	X			9-28-95	X									
	LTLC, Inc.	X			4-28-95	X									

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Name Scott McInnis

Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	None												

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23

	Source	Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None			

Use additional sheets if more space is required.

Name Scott McInnis

Page 6 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
United Jewish Appeal		Oct 26-31	Washington D.C. to Israel Israel to Washington D.C.	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1994

FORM A

[illegible]

[illegible]

[illegible] Muncie, IN 47305 202-225-3021

RECEIVED
[illegible] CENTER
96 MAY 24 AM 8:59

HAND DELIVERED

NC

(Office Use Only)

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

Filer Status ☐ [illegible] ☐ [illegible]

Report Type ☐ [illegible] ☐ Amendment ☐ Termination [illegible]

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

[illegible] If yes, complete and attach Schedule I.	Yes ☒ No ☐	[illegible] receive any reportable [illegible] aggregating more [illegible] were exempt? If yes, complete and attach Schedule VI.	Yes ☐ No ☒
[illegible] If yes, complete and attach Schedule II.	Yes ☐ No ☒	[illegible] dependent child receive any [illegible] travel in the reporting [illegible] If yes, complete and attach Schedule VII	Yes ☐ No ☒
[illegible] If yes, complete and attach Schedule III.	Yes ☒ No ☐	[illegible] before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII	Yes ☒ No ☐
[illegible] If yes, complete and attach Schedule IV.	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement [illegible] If yes, complete and attach Schedule IX.	Yes ☒ No ☐
[illegible] reporting period? If yes, complete and attach Schedule V	Yes ☐ No ☒	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — [illegible] approved by the Committee on Standards of Official Conduct and certain other excepted trusts need not [illegible] your spouse, or dependent child? (See instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION — [illegible] a spouse or dependent child because they [illegible]	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon [illegible] Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who [illegible] 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL David McIntosh

DATE (Month/Day/Year) 5/~~15~~/96
23

Name David Martin McIntosh	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary	$121,724

For payments to charity in lieu of honoraria, use Schedule II.

Name David Martin McIntosh | Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2 1994	$2 000
	XYZ Magazine	Article	Aug 13, 1994	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Martin McIntosh

Page 1 of 1

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Charles Schwab Savings Account			X									X					X									
	Charles Schwab IRA			X									X							X							
	Charles Schwab IRA			X									X					X									
	Ball State Credit Union			X									X					X									

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name David Martin McIntosh

Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	Type of Transaction: SALE	Type of Transaction: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-94		X					
	None											

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Name David Martin McIntosh

Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	None								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name David Martin McIntosh | Page 1 of 1

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24 25

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago— Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Council for National Policy	Mar 9-10	Wash. DC - Orlando - Wash. DC	Y	Y	Y	N

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Name David Martin McIntosh	**Page** 1 **of** 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
National Co-Chair	Federalist Society for Law & Public Policy
Board Member	National Endowment for Democracy
Visiting Board Member	Regent University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1995 88-324 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

[illegible] use by Members, officers, and employees

96 MAY 30 PM 2:28

11

HAND DELIVERED

MC

(Office Use Only)

Howard P. "Buck" McKeon (Full Name)

307 Cannon Bldg., Washington (Mailing Address)

5-1956 [illegible]

Filer Status: ☒ [illegible] State: Calif. District: 25 ☐ Officer or Employee [illegible]

Report Type: ☒ [illegible] ☐ Amendment ☐ [illegible] Termination date: [illegible]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. [illegible] or more from any source in the reporting period? If yes, complete and attach Schedule I. Yes ☒ No ☐

II. [illegible] a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. Yes ☐ No ☒

III. [illegible] worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. Yes ☒ No ☐

IV. [illegible] purchase, sell [illegible] than $1,000 [illegible] the [illegible] If yes, complete and attach Schedule IV. Yes ☒ No ☐

V. [illegible] If yes, complete and attach Schedule V. Yes ☒ No ☐

VI. [illegible] or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI. Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII. Yes ☒ No ☐

VIII. [illegible] the [illegible] calendar year? If yes, complete and attach Schedule VIII. Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. Yes ☒ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS [illegible] "Qualified Blind Trust" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION [illegible] report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet [illegible] page 11. Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, §104.)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-29-96

Name Howard P. "Buck" McKeon | Page 1 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Howard + Phil's Western Wear	Approved Salary	15640
	Howard + Phils Western Wear	Spouses Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Howard P. "Buck" McKeon

Page 2 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
Examples	123 Main St., Dover, Del.							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
JT	Rancon Dev Fund VI	X											(Loss)						X										S (Write-Off)
	McKeon Bros, a Partnership (1/5 Interest)					X								X									(Net)		X	X	(Gross)		
	Leasehold - 19415 Soledad Cyn. Rd, CC			X										X									"		X	X	"		
	Rental Home - 3007 Grandifloras, C.C.			X										X								X							
	Condo - 24444 B Hampton Dr., Val.			X										X							X								
	" Home - Utah			X										X					X										
	" " – Parada			X										X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Howard P. "Buck" McKeon

Page 3 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Howard+Phil Ent., Inc.-Corp. Stock					X													X										
JT	Valencia Nat. Bank - " "			X															X										
JT	Charles Schwab +Co. - M.M. Fund + Accounts			X									X		X							X							
	Nationwide Health PPTYS - Common Stock			X									X								X								
	Tenneco Inc. " "		X										X							X									
	Fid. Sel. Am. Gold - Mut. Fund		X										X						X										
	U.S. Bonds		X												X				X										
	Dean Witter - IRA (42904)																												
	Nat. Health PPTYS - Common Stock		X										X							X									
	Tenneco, Inc. " "		X										X							X									
	Vanguard Spec. Gold - Mut. Fund		X										X						X										
	I. B. M. - Common Stock	X											X			X							X						S
	Noram " "	X											X						X										
	TCW/DW Em MKTs " "		X																X										
	Motorola " "		X										X						X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Howard P. "Buck" McKeon

Page 4 of 10

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Novell – Common Stock		X																X										P
	Dean-Witter - IRA (42905)																												
	Franklin Quest - Common Stock		X																X										
	Mellon Bank - Pref. "	X														X			X										S
	Nat. Fuel + Gas Common "		X										X						X										
	Vanguard Spec. Gold - Mut Fund		X										X						X										
	House of Fabrics - Common Stock		X																X										P
	Plum Creek Timber - " "		X										X						X										
	TCW/DW Em Mkts - " "		X										X						X										
	Novell " "		X																X										P
	Dean-Witter - Liq. Assets M.M. Fund		X										X						X										
	Franklin Quest Co. - Common Stock		X													X			X										
	Wellpoint Health " "		X													X			X										
	Borden Chem. + Plastic " "		X										X						X										S
	Ingersoll Rand " "		X										X			X													P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Howard P. "Buck" McKeon

Page 5 of 10

SP DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Condo - 1120 Village Rd #305 Beaver Creek Colo.						X							X										X					
	Val Nat. Bank - Check Acct.	X													X				X										
	Cong. Fed. Credit Union - Check Acct.	X													X				X										
	" " " - Sav. "	X													X				X										

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SCHEDULE IV — TRANSACTIONS

Name Howard P 'Buck' McKeon | Page 6 of 1'

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO DAY YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example. Mega Corporation Common Stock	X			10-12-95		X								
JT	I.B.M. - Common Stock		X		10-13-95		X								
	Motorola " "	X			10-13-95	X									
	Novell " "	X			10-13-95	X									
	Mellon Bank Pref. "	X			3-1-95	X									
	House of Fabrics - Common Stock	X			10-13-95	X									
	Novell " "	X			4-13-95	X									
	Borden Chem + Plastic " "		X		7-19-95	X									
	Ingersoll Rand " "	X			10-13-95	X									
	Rancon Fund Dev. VI		X		12-31-95	(Loss - Write Off)									

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Name Howard P. "Buck" McKeon | Page 7 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				x						
JT	Citicorp - P.O. Box 790016, St. Louis, Mo. 63179-0016	Mort. - 1120 Village Rd. #305 Beaver Creek Colo.				X						
	Val. Nat. Bank - 23920 Valencia Blvd, Valencia, Ca. 91355	" - 30007 Grandi Floras Canyon Country, Ca.					X					
	First Federal, Ca	" 24444 B. Hampton Dr, Valencia, Ca.				X						
	First Federal, Ca.	" 25830 Parada Dr, " "				X						
	Bank of America, Ca.	Provo, Ut.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250 For further information, see Instructions, pages 22–23

Source	Description	Value
Example Mr Joseph H Smith, Anytown Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Howard P. "Buck" McKeon | Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
J.T.	Valencia Nat Bank, Val., Ca.	Ready Reserve Credit Line		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22-23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Howard P. 'Buck' McKeon Page 9 of 10

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24 25

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D C —Chicago—Wash D C	N	N	N	N
	Roycraft Corporation	Aug 6–13	Wash D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Lockheed - Martin	June 1	SanDiego - Palmdale	N	N	N	N

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Name Howard P. "Buck" McKeon | Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
Dec. '92	McKeon Brothers - Howard & Phil Ent., Inc.	Reduced salary and responsibilities with
		regard to family business as approved
		by Committee on Standards of Official
		Conduct

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

CENTER
96 JUN -3 AM 11:30

MC HAND DELIVERED ②
(Office Use Only)

Cynthia A. McKinney
(Full Name)

124 Cannon Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
(202) 225-1605

Filer Status	☒ Member of the U.S. House of Representatives	State Georgia District 11th	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, §104.)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
May 31, 1996

Name Cynthia A. McKinney	Page 2 of 2

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Massachusetts Peace Action		May 5-6	Wash, D.C.-Boston-Atlanta	Y	Y	N	N
Tennessee Commerative Women's Commission		August 19	Atlanta-Nashville-Atlanta	N	Y	N	N
Concerned Christian Brotherhood		October 15	Atlanta-Dayton-Atlanta	N	Y	N	N
Southern Regional Council		Oct. 27-28	Atlanta-New Orleans-Atlanta	Y	Y	N	N
Center for Voting & Democracy		Nov. 11-12	Atlanta-Boston-Atlanta	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Hon. Michael Robert McNulty
(Full Name)

[illegible] West Street
Green Island, New York 12183
(Mailing Address)

(202) 225-5076
Daytime Telephone

Ⓐ LEGISLATIVE RESOURCE CENTER
96 MAY 15 AM 11:35
[illegible]

MC

HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives	State New York District 21st C.D.	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10, 11.)	Yes ☐	No ☒
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, §104.)

SIGNATURE OF REPORTING INDIVIDUAL
Michael R. McNulty

DATE (Month, Day, Year)
4-24-96

Name Hon. Michael Robert McNulty

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Green Island Insurance (renewal commissions)	Renewal Commissions	$2298.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Hon. Michael Robert McNulty	**Page** 3 of 3

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	The Connell Company	Speech	March 6, 1995	[illegible]

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Hon. Michael Robert McNulty

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples:	SP	Mega Corp Stock				X								X							X									P
		123 Main St , Dover, Del.							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		Green Island Insurance			X																									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hon. Michael Robert McNulty

Page 5 of [illegible]

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
SP DC JT		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None - $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E

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Name Hon. Michael Robert McNulty

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

		Type of Transaction			Date	Amount of Transaction									
Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	NONE														

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Name Rep. Michael Robert McNulty	Page of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, De				x						
	Wright Patman Congressional Federal Credit Union	Personal Line of Credit	X									
	Wright Patman Congressional Federal Credit Union	VISA	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22-23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Hon. Michael Robert McNulty	Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Connell Company	March 6, 1995	Albany, NY - Newark - Wash, D.C.	N	Y	N	N

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Name Hon. Michael Robert McNulty	**Page** 9 **of** 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Capital Region Technology Development Council (not compensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995	FORM A Filed by Members, Officers, and Employees

(10) 96 MAY 15 PM 12: 16

HAND DELIVERED

Carolyn B. Maloney
Full Name

49 East 92nd Street
Mailing Address

New York, New York 10128
Office Telephone (212) [illegible]-9450

Filer Status	☒ Member of the U.S. House of Representatives — State New York District 14	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

96 MAY 15 PM 12: 1[illegible]

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Carolyn B. Maloney

DATE (Month/Day/Year) May 15, 1996

Name Carolyn B. Maloney

Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source		Type	Amount
Examples	Keene State		Approved Teaching Fee	$6,000
	State of Maryland		Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)		Spouse Speech	$1,000
	Ontario County Board of Education		Spouse Salary	NA
	Liberty Business Forms & Systems, Inc.	Plainview, NY	Spouse	N/A
	Chromium Industries, Inc.	Chicago, IL	Spouse	N/A
	CHW Maloney & Co., Incorporated	New York, NY	Spouse	N/A
	The Wall Street Fund	New York, NY	Spouse	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Carolyn B. Maloney | Page [illegible] of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., DC	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug 13, 1994	$500
None			

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Name Carolyn B. Maloney

Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
Examples:	123 Main St., Dover, Del.							X						X											X				
Examples:	1st Bank of Paducah, KY accounts					X									X							X							
	Stock - Chromium Industries, Inc. Chicago, IL					X													X										
	CD - Virginia Beach Federal Savings & Loan, Virginia Beach, VA		X												X					X									
	Stock - Liberty Business Forms & Systems, Inc., Plainview, NY					X													X										
	Rental Property & Residence, 49 East 92 Street, New York, NY								X					X										X					
	Rental Property - Single Family, 279 West Road, New Canaan, CT							X						X										X					
	Albright & Maloney Partnership, 10 High Street, Boston, MA, Rental Real Estate, Jamaica, WI					X								X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carolyn B. Maloney

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	HPB Enterprises, T/A Albemarle Plantation-Real Estate Dev.-Hertford, NC						X																		X				
	Stock-Aldo Farms of NC, Inc.-209 6th Street, Virginia Beach, VA			X									X							X									
	Stock - The Wall Street Fund		X										X							X									
	Stock - Roll Finishing, Mt. Vernon, IN		X																			X							
	Stock - JTP, Inc.-Land Investment, Jonestown Road, Chesapeake, VA			X															X										
	Citibank, N.A.	X											X						X										
	Shares-RBB/Bedford Money Market Fund			X									X							X									
	Shares - Dreyfus Liquid Assets	X											X							X									
	Preferred Stock - Tenneco		X										X							X									
	Undivided Interest - Land - 96 acres-Route 64, Southampton County, VA			X															X										
	Stock-Beechtree Park, Inc., T/A Holiday Travel Park, Virginia Beach, VA							X											X										
	Shares - Fidelity Cash Reserve			X									X								X								
	Shares-Fidelity U. S. Government Reserve			X									X							X									
	Stock-CHW Maloney & Co., Inc.		X										X											X					
	Shares - Capital Preservation Fund, Mountainview, CA			X									X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carolyn B. Maloney

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Stock - Holiday Village, Inc.-Real Estate, Virginia Beach, VA		X																X										
	R. G. Bosher Irrevocable Life Ins. Trust - Insurance Trust	X																	X										
DC	HPB Enterprises, T/A Albemarle Plantation-Real estate 1% income interest-Hertford, NC		X																X										

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Name Carolyn B. Maloney

Page 7 of 10

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	Type of Transaction: SALE	Type of Transaction: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example: Mega Corporation Common Stock	X			10-12-95		X								
	None														

This page may be copied if more space is required.

Name Carolyn B. Maloney

Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
			Amount of Liability									
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Chemical Bank, New York, NY	Mortgage on 49 East 92nd St., New York, NY			X							
	Citibank, N.A.	Same				X						
	New Canaan Bank & Trust, New Canaan, CT	Mortgage on 279 West Road, New Canaan, CT			X							
	New Canaan Bank & Trust, New Canaan, CT	Same				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Carolyn B. Maloney

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

Name Carolyn B. Maloney	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	HPB Enterprises, T/A Albemarle Plantation, Hertford, NC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY -2 AM 11:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Thomas J. Manton
(Full Name)

2235 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

202-225 3965
(Office Telephone)

MC APR 29 1996 (8)
(Office Use Only)

Filer Status: ☒ Member of the U.S. House of Representatives — State: NY District: 7th ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I — Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II — Yes ☒ No ☐

III. Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III — Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV — Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V — Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI — Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII — Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. — Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX — Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.) — Yes ☐ No ☒

EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) — Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL: Thomas J. Manton

DATE (Month/Day/Year): 4-29-96

Name Thomas J. Manton

Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Pension - New York City Employees Retirement System	Pension for City Council Service	$13,666
	Greater New York Nurses Registry, Inc. (Private Duty Nursing)	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas J. Manton

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SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C XYZ Magazine	Speech Article	Feb 2, 1994 Aug 13, 1994	$2 000 $500
	The Connell Company	Speech	4/10/95	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas J. Manton

Page 4 of 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
SP	D. Manton Trust						X						X		X							X	X						
JT	Berkeley Co-op Towers (stock in co-op apt.)					X																							S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Thomas J. Manton

Page 5. of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21

SP DC JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10 12 95		X								
JT	Berkeley Co-op Towers (stock in co-op. apt.)		X		3/13/95			X							

This page may be copied if more space is required.

Name Thomas J. Manton	Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Thomas J. Manton, P.C.	Personal loan	X									
	Wright-Patman Federal Credit Union	Personal loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Thomas J. Manton | Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash , D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

This page may be copied if more space is required.

Name Thomas J. Manton	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Sole stockholder, director and officer	Thomas J. Manton, P.C.
Chairman	Democratic Executive Committee of Queens County

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

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Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

DONALD A. MANZULLO
(Full Name)

792 East Lightsville Road
Egan, Illinois 61047
(Mailing Address)

(202) 225-5676
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives — State: IL — District: 16th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Donald A Manzullo

May 13, 1996
DATE (Month/Day/Year) 5/13/96

Name Donald A. Manzullo	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type and amount of earned income from any source (other than the filer's current employment by the U S Government) totaling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cattle operation, Egan, Illinois		7510.00
	Law Office of Donald A. Manzullo, P.C.	residual fees	6500.00

For payments to charity in lieu of honoraria, use Schedule II

Name Donald A. Manzullo

Page 3 **of** 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash., D C	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
None				

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Donald A. Manzullo

Page 4 of 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples*: Mega Corp Stock				X								X							X									P
DC	*Examples*: 123 Main St., Dover, Del							X						X											X				
JT	*Examples*: 1st Bank of Paducah, KY accounts					X									X							X							
	Rent, Commercial Bldg 400 Washington, Oregon, IL					x								x										x					
	D.A. Manzullo, Trustee D.A, Manzullo Pension Trust *					x							x		x	x						x							
	IRA, Everen Sec f/k/a Kemper *		x										x		x	x				x									
SP	IRA, Everen, Sec f/k/a Kemper *		x										x		x	x				x									
	Sole shareholder, Law Offices of Donald A. Manzullo		x												none								x						
	*Kemper Mutual Funds																												
	Federal Cr. Union (chking acct)			X											X					X									

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Donald A. Manzullo

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT		Asset	Type of Transaction PURCHASE	 SALE	 EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction B $1,001–$15,000	 C $15,001–$50,000	 D $50,001–$100,000	 E $100,001–$250,000	 F $250,001–$500,000	 G $500,001–$1,000,000	 H $1,000,001–$5,000,000	 I $5,000,001–$25,000,000	 J $25,000,001–$50,000,000	 K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–95		X								
	None															

This page may be copied if more space is required.

Name Donald A. Manzullo **Page** 6 **of** 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Stillman bank Corp, Stillman Valley, IL	mort on commercial bldg Oregon, IL			x							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None	

Use additional sheets if more space is required.

Name Donald A. Manzullo | Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Westchester Chamber of Commerce		10/15-10/16	Wash,D.C.-NYC-Wash, D.C.	N	Y	N	N
Orange Co. Business Council		12/3-12/4	Chi, Orange Co. CA, Wash D.C.	Y	Y	N	N

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Name Donald A. Manzullo | **Page** 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Donald A. Manzullo, P.C. (dormant)
Trustee	Donald A. Manzullo, P.C. Pension Trust (This is a Defined Benefit Retirement Plan from my law firm of which I was the sole shareholder)
Trustee	M.F. Charitable Trust (dormant)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
12/92	Agreement w/various attorneys to collect residual legal fees on cases still pending w/ Donald A. Manzullo, P.C. as per permission granted from House Committee on Official Conduct by letter dated 1/5/93.	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Edward J. Markey
(Full Name)

2133 Rayburn House Office Building
(Mailing Address)

202-225-2836
Daytime Telephone

Washington, DC 20515

Filer Status	☒ Member of the U S House of Representatives State. MA District 07	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Edward J Markey

DATE (Month/Day/Year) 5/15/96

Name Edward J. Markey | Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6 000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1 000
	Ontario County Board of Education	Spouse Salary	NA
Spouse:	U.S. Public Health Service, Dept. of Health & Human Services	Spouse Salary	NA
Spouse:	Private Practice of Medicine	Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Edward J. Markey

Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Cong. Federal Credit Union Accounts			X											X					X									
	Medford Savings Bank, Medford, MA		X												X				X										
	Smith Barney, IRA		X										X						NA										
JT	First Union Bank Account		X												X				X										
SP	First Union Bank Accounts			X											X					X									
SP	Merrill Lynch (Dean Witter Reynolds) IRA		X												X				NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Edward J. Markey

Page 4 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	TIAA - CREFF Retirement Annuity					X									X				NA										
SP	Merrill Lynch Money Market Tax Free Acct.		X												X					X									
SP	Port Authroity NY-NJ Municipal Bonds				X										X							X							
SP	Denver, CO City-County FAC Arpt. Bonds				X										X							X							
SP	Eaton Vance Nat. Municipal Bond Fund					X									X								X						
SP	Alliance Municipal Bond Fund					X									X									X					
SP	American Capital Municipal Bond Funds					X									X								X						

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

MATTHEW GILBERT MARTINEZ
(Full Name)

2239 Rayburn HOB; Washington, D.C. 20515
(Mailing Address)

(202) 225-5464
(Daytime Telephone)

Filer Status	☒ Member of the U S House of Representatives	State California District 31st	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☒	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Matthew G. Martinez

DATE (Month/Day/Year): 05/15/96

✓

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name MATTHEW GILBERT MARTINEZ

Page 2 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
SP	Apt. Units: 439 S. New Avenue Monterey Park, CA91754						X							X										X					
SP	Apt. Units: 3514 Beverly Blvd. Montebello, CA 90640						X							X										X					
JT	Condo: 300 M. Street, S.W. Wash., D.C. 20024			X										X					X										
JT	Condo: 1080 Wisconsin Ave., N.W. Wash., D.C. 20007					X								X					X										

For additional assets and unearned income, use next page.

Name MATTHEW GILBERT MARTINEZ | Page 2 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St, Dover, Del				x						
SP	Trust Savings Bank Monterey Park, CA 91754	Mortgage: 3514 Beverly Blvd., & 439 S. New Avenue Apartment Units, CA.				X						
JT	Mellon Mortgage Company	Mortgage, 1080 Wisc. Av. N.W.				X						
JT	Marghretten Mortgage Company	Mortgage, 300 M. St. S.W.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name MATTHEW GILBERT MARTINEZ	Page 4 of 4

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–13	Wash , D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
National Armored Car Assn.	4/21-25/95	Washington, D.C./	y	y	n	n
1023 15th Street, N.W.		New Orleans, LA/				
Washington, D.C. 20005		Washington, D.C.				
Pakistani Physicians Assn.	8/18-19/95	Washington, D.C./	y	y	n	n
3006 S. Maryland Pkwy. #315		St. Louis, MO/				
Las Vegas, Nevada 89109		Washington, D.C.				
Mexican American State	8/26-27/95	Washington, D.C./	y	y	n	n
Legislators Policy Inst.		Denver, Colorado/				
789 Sherman Street, #480		Washington, D.C.				
Denver, Colorado 80203						

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

(21)

LEGISLATIVE RESOURCE CENTER
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MC

(Office Use Only)

William J. Martini

(Full Name)

58 Adam Terrace

Mailing Address

Clifton, New Jersey 07013

Daytime Telephone (201) 523-5152

Filer Status: ☒ Member of the U.S. House of Representatives — State: New Jersey — District: 8 ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS— Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes ☐ No ☒

EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL: W J Martini

DATE (Month/Day/Year): 5/12/96

Name William J. Martini

Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Ciba-Geigy Corporation	Spouse Salary	N/A
	Nicholas Martini Foundation	Trustee Fees	$ 1,250
	Nicholas Martini Foundation	Spouse Trustee Fee	N/A
	William J. Martini, Esquire	Proceeds from termination of law practice	108,637

For payments to charity in lieu of honoraria, use Schedule II.

Name William J. Martini

Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations Wash , D C	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	NOT APPLICABLE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William J. Martini

Page 1 **of** 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Mt. View Enterprises - office bldg 1064 Pompton Ave., Cedar Grove, NJ						X							X										X					
	Fidelity Magellan Fund	X														X			X										S
	Vanguard NJ Tax-Free Money Market		X												X						X								
	Vanguard NJ Insured Long Term	X													X	X			X										S
	Dreyfus Liquid Assets	X											X						X										S
	Dreyfus US Treasury Money Market	X											X						X										S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Martini

Page 2 of 9

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Dreyfus NJ Municipal Money Market	X											X			X			X										S
	Dreyfus NJ Inter Muni Bond Fund	X											X			X			X										S
	Putnam Tax-Free Health Care Fund	X														X			X										S
	Airfund International Fund		X												X				X										
	The Kaufman Fund, Inc.			X									X							X									
	Mexico Fund	X											X			X			X										S
	New Age Media Fund	X											X			X					X								S
	Nuveen P. Muni Income Fund	X											X			X			X										S
	Gillette Co	X											X			X					X								S
	Pitney Bowes	X											X			X				X									S
	Sanford C. Bernstein Cash Account		X												X					X									P
	Bernstein Diversified Munic. Portfolio					X									X							X							P
	United States Treasury Note			X											X					X									P
	Centex Corp.		X										X						X										P
	Ahmanson & Co.		X										X						X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Martini

Page 3 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None - $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	Federal National Mortgage Assoc.		X										X						X										P
	Ambac, Inc.		X										X						X										P
	American General Corp.		X										X						X										P
	Aetna Life & Casualty		X										X						X										P
	Cigna Corp.		X										X						X										P
	Loews Corp.		X										X						X										P
	Chemical Bank		X										X						X										P
	Bank America Corp.		X										X						X										P
	Fleet Financial Group, Inc.		X										X						X										P
	First Union Corp.		X										X						X										P
	NationsBank		X										X						X										P
	AT&T		X										X						X										P
	MCI Communications		X										X						X										P
	Pacific Telesis Group		X										X						X										P
	Sprint Corp.		X										X						X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Martini

Page 4 of 9

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Entergy Corp.		X										X						X										P
	PP&L Resources, Inc.		X										X						X										P
	Texas Utilities Co.		X										X						X										P
	Dow Jones & Co., Inc.		X										X						X										P
	Gannett Co., Inc.		X										X						X										P
	Times Mirror Co.		X										X						X										P
	Rhone Poulenc Rorer Inc.		X										X						X										P
	Smithkline Beecham Co.		X										X						X										P
	Phillip Morris Co., Inc.		X										X						X										P
	RJR Nabisco Holdings Corp.		X										X						X										P
	UST, Inc.		X										X						X										P
	ConAgra, Inc.		X										X						X										P
	Supervalu, Inc.		X										X						X										P
	Anheuser-Busch Co.		X										X						X										P
	Pepsico, Inc.		X										X						X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Martini

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001- $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	VF Corp.		X										X						X										P
	Brunswick Corp.		X										X						X										P
	Ford Motor Co.		X										X						X										P
	Price/Costco Inc.		X										X						X										P
	Wal-Mart Stores, Inc.		X										X						X										P
	Alcan Aluminum, LTD.		X										X						X										P
	Alumax, Inc.		X										X						X										P
	Aluminum Company of America		X										X						X										P
	Reynolds Metal Co.		X										X						X										P
	International Paper Co.		X										X						X										P
	FMC Corp. New		X										X						X										P
	AMR Corp.		X										X						X										P
	Wheelabrator Technologies, Inc.		X										X						X										P
	Union Pacific Corp.		X										X						X										P
	Ryder System		X										X						X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Martini

Page 6 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Federal Express		X										X						X										P
	Schlumberger, LTD.		X										X						X										P
	TransCanada Pipelines, LTD.		X										X						X										P
	Chevron Corp.		X										X						X										P
	Exxon Corp.		X										X						X										P
	Mobil Corp.		X										X						X										P
	Royal Dutch Petroleum Corp.		X										X						X										P
	Texaco, Inc.		X										X						X										P
	Sun Co., Inc.		X										X						X										P
	Bernstein International Fund				X								X							X									P
	Bernstein Intermediate Fund	X											X			X							X						P,S
	Merrill Lynch Ready Asset Trust	X											X							X									S
	Merrill Lynch CBA Money Fund	X											X						X										S
	Middlesex Co. NJ U/A Sewer			X											X					X									
	Keogh - Equitable Guaranteed Int'l Fnd	X													X						X								S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Martini

Page 7 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Keogh - Equitable Stock Fund						X									X			X										
	Keogh - Equitable Balanced Fund					X										X			X										
	Keogh-Equitable Aggressive Stock Fund					X										X			X										
	IRA - Equitable Stock Fund		X													X			X										
	IRA - Equitable Balanced Fund		X													X			X										
	IRA-Equitable Aggressive Stock Fund		X													X			X										
SP	IRA - Equitable Stock Fund		X													X			X										
SP	IRA - Equitable Balanced Fund		X													X			X										
SP	IRA-Equitable Aggressive Stock Fund		X													X			X										
	Prudential NJ Muni Money Market		X												X					X									
	New Jersey Turnpike Authority Bond		X												X				X										
	Mercer Co. NJ Authority Bond		X												X					X									
	NJ General Obligation RFDG		X												X				X										
	NJ Wastewater Treatment Trust		X												X					X									
	Port Authority of NY and NJ Bond		X												X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Martini

Page 8 of 9

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	NJ State Housing FIN Agency Bond		X												X					X									
	South Orange-Maplewood NJ Gen. Oblig.		X												X					X									
	NJ State Turnpike Authority Bond		X												X					X									
	NJ Educational FAC. Auth. Rev. Bond		X												X					X									
	NJ State Gen. Oblig. Bond		X												X					X									
	NW Bergen Cty NJ Utility Bond		X												X					X									
SP	Ciba-Geigy Investment Savings Plan				X											X			X										
DC	Delaware River Port Authority Bond			X											X				X										
DC	NY State Urban Dev. Corp. Bond		X												X				X										
DC	Middlesex Co. NJ Utility Bond		X												X				X										
DC	Camden Co. Muni. Utility Bond			X											X				X										
DC	Philadelphia PA Gas Rev. Bond			X											X				X										
DC	NY State Urban Dev. Corp. Bond		X												X				X										
DC	Philadelphia PA Gas Rev. Bond			X											X				X										
DC	Dallas Cty TX Utility Bond			X											X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Martini

Page 9 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001- $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
DC	West NY NJ Muni Utility Bond			X											X				X										
DC	Camden Co. Muni Utility Bond			X											X				X										
DC	US Savings Bond Series EE			X											X				X										
	Valley National - Checking Account		X												X				X										
SP	Summit Bank - Savings		X												X					X									

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SCHEDULE IV — TRANSACTIONS

Name William J. Martini

Page 1 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP DC JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	Example Mega Corporation Common Stock	X			10–12–95		X								
	Vanguard NJ Insured Long Term Fund		X		4-6-95	X									
	Fidelity Magellan Fund		X		4-7-95	X									
	Dreyfus Liquid Assets		X		4-6-95	X									
	Dreyfus NJ Municipal Money Market		X		4-6-95	X									
	Dreyfus NJ Inter Muni Bond Fund		X		4-6-95			X							
	Putnam Tax-Free Health Care Fund		X		6-19-95	X									
	Mexico Fund		X		4-6-95	X									
	New Age Media Fund, Inc.		X		4-6-95	X									
	Nuveen P. Muni Income Fund		X		4-6-95	X									
	Gillette Co. stock		X		4-26-95	X									
	Pitney Bowes stock		X		4-26-95	X									
	Compaq Computer Corp. stock		X		6-29-95	X									
	Bernstein Intermediate Fund		X		7 sales				X						
	Fruit of The Loom stock		X		11-19-95	X									
	Bernstein Diversified Municipal Portfolio	X			3 purchases				X						
	United States Treasury Note	X			2 purchases		X								

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Name William J. Martini

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	Centex Corp.	X			4-13-95	X									
	Ahmanson & Co.	X			4-13-95	X									
	Federal National Mortgage Assoc.	X			4-13-95	X									
	Ambac, Inc.	X			6-20-95	X									
	American General Corp.	X			4-13-95	X									
	Aetna Life & Casualty	X			4-24-95	X									
	Cigna Corp.	X			2 purchases	X									
	Loews Corp.	X			4-13-95	X									
	Chemical Bank	X			2 purchases	X									
	Bank America Corp.	X			4-13-95	X									
	Fleet Financial Group, Inc.	X			4-13-95	X									
	First Union Corp.	X			4-13-95	X									
	NationsBank	X			2 purchases	X									
	AT&T	X			4-24-95	X									
	MCI Communications	X			2 purchases	X									
	Pacific Telesis Group	X			4-17-95	X									

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Name William J. Martini

Page 3 of 6

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Sprint Corp.	X			4-17-95	X									
	Entergy Corp.	X			4-21-95	X									
	PP&L Resources, Inc.	X			7-24-95	X									
	Texas Utilities Co.	X			5-9-95	X									
	Dow Jones & Co., Inc.	X			4-13-95	X									
	Gannett Co., INc.	X			4-13-95	X									
	Times Mirror Co.	X			4-26-95	X									
	Rhone Poulenc Rorer Inc.	X			4-13-95	X									
	Smithkline Beecham Co.	X			4-25-95	X									
	Phillip Morris Co., Inc.	X			4-13-95	X									
	RJR Nabisco Holdings Corp.	X			2 purchases	X									
	UST Inc.	X			2 purchases	X									
	Conagra, Inc.	X			4-13-95	X									
	Supervalu, Inc.	X			2 purchases	X									
	Anheuser-Busch Co.	X			4-13-95	X									
	Pepsico, Inc.	X			4-13-95	X									

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SCHEDULE IV — TRANSACTIONS

Name William J. Martini

Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	VF Corp.	X			4-13-95	X									
	Brunswick Corp.	X			4-13-95	X									
	Ford Motor Co.	X			4-13-95	X									
	Price/Costco, Inc.	X			5-8-95	X									
	Wal-Mart Stores, Inc.	X			4-13-95	X									
	Alcan Aluminum, LTD.	X			2 purchases	X									
	Alumax, Inc.	X			4-13-95	X									
	Aluminum Company of America	X			4-13-95	X									
	Reynolds Metal Co.	X			5-8-95	X									
	International Paper Co.	X			2 purchases	X									
	FMC Corp. New	X			5-2-95	X									
	AMR Corp.	X			4-25-95	X									
	Wheelabrator Technologies, Inc.	X			4-20-95	X									
	Union Pacific Corp.	X			4-24-95	X									
	Ryder System	X			4-13-95	X									
	Federal Express	X			4-17-95	X									

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Name William J. Martini

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Schlumberger, LTD.	X			4-13-95	X									
	TransCanada Pipelines, LTD.	X			4-25-95	X									
	Chevron Corp.	X			4-13-95	X									
	Exxon Corp.	X			4-13-95	X									
	Mobil Corp.	X			4-13-95	X									
	Royal Dutch Petroleum Corp.	X			4-18-95	X									
	Texaco, Inc.	X			4-18-95	X									
	Sun Co., Inc.	X			5-8-95	X									
	Bernstein International Fund	X			3 purchases			X							
	Bernstein Intermediate Fund	X			6 purchases				X						
	Compaq Computer Corp.	X			4-13-95	X									
	Fruit of The Loom	X			2 purchases	X									
	Sun Co., Inc.		X		8-9-95	X									
	Merrill Lynch Ready Asset Trust		X		4-18-95		X								
	Merrill Lynch CBA Money Fund		X		4-18-95	X									
	Keogh - Equitable Guaranteed Int'l Fund		X		2 sales			X							

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Name William J. Martini

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	Keogh - Equitable Stock Fund	X			4-13-95	X									
	Keogh - Equitable Balanced Fund	X			4-13-95			X							
	Keogh - Equitable Aggressive Stock Fund	X			4-13-95	X									
SP	[illegible] Energy Investment Savings Plan	X			12 purchases										

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Name William J. Martini **Page** 1 **of** 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Valley National Bank, New Jersey	Mortgage on 1064 Pompton Ave. Cedar Grove, New Jersey				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NOT APPLICABLE	

Use additional sheets if more space is required.

Name William J. Martini | Page 1 of 1

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	United Jewish Federation of Metro West	July 4-10	New York-Israel-New York	Y	Y	N	N

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Name William J. Martini | Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Nicholas Martini Foundation, Inc.
Owner	William J. Martini, Esquire (Law practice terminated).

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NOT APPLICABLE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
96 MAY 10 PM 2:14
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U.S. HOUSE OF REPRESENTATIVES

④

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

FRANK R. MASCARA (Full Name)

831 Lincoln Avenue, Charleroi, PA. 15022 (Mailing Address)

W-(202) 225-4665
H-(412) 483-8733
H-(202) 544-5964
Daytime Telephone

MC HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives State PENNSYLVANIA District 20th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

Frank Mascara
SIGNATURE OF REPORTING INDIVIDUAL

5/10/96
DATE (Month/Day/Year)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name FRANK R. MASCARA

Page 2 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Charleroi Fed.Svgs Bank (PA) Accts				X										X						X								
	Washington Co.Retirement Fund (PA)					X								NONE										X					
	609-11 Fallowfield Ave.Charleroi,PA					X								X					X(NET)					X(GROSS)					
	Loan to Mascara for Congress			X										NONE								NONE							
	Vacant Lot, Speers Boro, PA		X											NONE								NONE							
	Congressional Credit Union Washington, D.C.		X												X				X										

For additional assets and unearned income, use next page.

Name FRANK R. MASCARA

Page 3 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Charleroi Federal Savings Bank, Pennsylvania	Mortgage on 609-11 Fallowfield Ave., Charleroi, PA.			X							
JT	Charleroi Federal Savings Bank, Pennsylvania	Note/Share Loans		X								
JT	Frank and Jennie Flora, Pennsylvania	Personal Promissory Note		X								
	Integra Bank, Pennsylvania	Note Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250 For further information, see Instructions, pages 22–23

Source	Description	Value
Example Mr Joseph H Smith, Anytown Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name FRANK R. MASCARA | Page 4 of 4

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	California University of PA, California, PA 15419 Uncompensated
Commissioner	Port of Pittsburgh Commission, Pittsburgh, PA Uncompensated

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(6)

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(Office Use Only)

ROBERT TAKEO MATSUI
(Full Name)

U.S. House of Representatives
[illegible] Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

(202) 225-7163
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives — State CA District 5 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes ☒ No ☐
If yes, complete and attach Schedule I

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes ☒ No ☐
If yes, complete and attach Schedule II

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☒ No ☐
If yes, complete and attach Schedule III

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule IV

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule V

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? Yes ☐ No ☒
If yes, complete and attach Schedule VI

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? Yes ☐ No ☒
If yes, complete and attach Schedule VII

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☒
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☒
If yes, complete and attach Schedule IX

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, §104.)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
[illegible]

Name ROBERT TAKEO MATSUI

Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	DFAS Columbus (White House)	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name ROBERT TAKEO MATSUI

Page 3 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	Japan Commerce Association, Washington, D.C.	Speech	Nov. 30, 1995	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ROBERT TAKEO MATSUI

Page 4 **of** 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	B: A None – $1,000	B: B $1,001 – $15,000	B: C $15,001 – $50,000	B: D $50,001 – $100,000	B: E $100,001 – $250,000	B: F $250,001 – $500,000	B: G $500,001 – $1,000,000	B: H $1,000,001 – $5,000,000	B: I $5,000,001 – $25,000,000	B: J $25,000,001 – $50,000,000	B: K Over $50,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	D: I None – $200	D: II $201 – $1,000	D: III $1,001 – $2,500	D: IV $2,501 – $5,000	D: V $5,001 – $15,000	D: VI $15,001 – $50,000	D: VII $50,001 – $100,000	D: VIII $100,001 – $1,000,000	D: IX $1,000,001 – $5,000,000	D: X Over $5,000,000	E: P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
Examples	123 Main St., Dover, Del.							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	Wright Patman Congressional Federal Credit Union	x													x				x										
	Wright Patman Cong. FCU - held in trust for Brian R. Matsui	x													x				x										
JT	American Savings Bank - checking	x													x				x										Closed
SP	Bank of America - checking	x													x				x										
JT	Nartrov, Inc. stock			x											x				x										
SP	White House Federal Credit Union		x												x				x										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT TAKEO MATSUI

Page 5 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Pacific Gas & Electric Common Stock		x										x							x									
JT	Sierra Pacific Resources Common Stock		x										x						x										
JT	CALIFORNIA HLTH FACL AUTH ST JOSEPH HLTH SYM-SER B-REGD BOND	x													x							x							S Redeemed
JT	KERN CNTY CALIF COP BEALE MEM LIBRARY BK ENTRY O.I.D. BOND			x											x						x								
JT	UNIV CALIF REVS BERKLEY INTRA SPORTS FAC REG BOND			x											x						x								
JT	CALIFORNIA ST VAR PURP BOOK ENTRY BOND		x												x					x									
JT	REDDING JT PWRS FING AUTH CA WSTEWTR REV RFDG SER-A-FGIC BOND		x												x					x									
JT	PUTNAM GLOBAL GROWTH FD INC COMMON STOCK			x									x			x					x								
DC	PUTNAM GLOBAL GROWTH FD INC COMMON STOCK		x										x			x				x									
JT	CMA Fund			x									x							x									
DC	CMA Fund	x											x						x										
JT	CALIFORNIA POLL CTL FING AT PCR REF PGEC A (former CALIFORNIA PCF PCR		x												x					x									
	PAC GAS & ELEC CO-SER A-REG-REF BOND)																												
SP	Okada Family Trust (Inherited) (Co-trustee, 50 percent interest):																												
	1. Checking Account - Bank of America, Dinuba, CA		x												x				x										

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT TAKEO MATSUI

Page 6 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 - $100,000	E $100,001 – $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	2. Cash Maximizer Account - Bank of America, Dinuba, CA					x									x						x								
	3. Farm Equipment			x															x										
	4. Farm and Residence Dinuba, CA						x							x									x						
	5. Annuity - Bankers United Life Assurance				x										x						x								
	6. CD - Bank of America Dinuba, CA		x																x										

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

MARTIN T. MEEHAN
(Full Name)

320 CLARK ROAD
LOWELL, MA 01852
(Mailing Address)

(202) 225-3411
Daytime Telephone

Filer Status	☒ Member of the U.S House of Representatives State: MA District: 5th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

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SIGNATURE OF REPORTING INDIVIDUAL

May 14, 1996
DATE (Month/Day/Year)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name MARTIN T. MEEHAN

Page 2 of 3

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

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Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

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Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

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BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP DC JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, DE							X						X											X				
	1st Bank of Paducah, Ky. accounts					X									X							X							
	5[illegible] NORTH END BLVD., SALISBURY, MA				X									X								X							
	[illegible] LOWELL FIVE-SAVINGS			X											X						X								
	N[illegible] FEDERAL CREDIT UNION-SAVINGS		X												X				X										
	NEW [illegible] LIFE INSURANCE COMPANY	X													X				X										

For additional assets and unearned income, use next page.

Name MARTIN T. MEEHAN

Page 3 of 3

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	ITT BOWEST (FORMERLY CENTRAL SAVINGS BANK) LOWELL, MA	MTG ON 305 NORTH END BLVD SALISBURY, MA			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NOT APPLICABLE		

Use additional sheets if more space is required.

(9)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers and employees

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U.S. HOUS REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

Carrie P. Meek (Full Name)

404 Cannon HOB, Washington, D.C. 20515 (Mailing Address)

202-2254506 (Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives — State Florida District 17	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL: Carrie P. Meek

DATE (Month/Day/Year): May 15, 1996

Name Carrie P. Meek | Page 1 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Florida	Teachers Pension	51,095.70

For payments to charity in lieu of honoraria, use Schedule II.

Name Carrie P. Meek

Page 2 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

	Source NA	Activity	Date	Amount
Examples	Association of American Associations Wash , D C	Speech	Feb 2 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500

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Name Carrie P. Meek | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

*Metro Life Death Claim

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Examples	SP Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		Banker's Savings Bank				X										X						X								
		Community Broadcasters		X										X						X										
		Travelers Tax Shelter Annuity					X									X						X								
		Credit Unions: Fla. & Congressional				X										X						X								
		MET Life Asset Annuity			X											X					X									
		Renex Corporation			X									X						X										

**Metropolitan Life. Claim death * See above Block C X

1X

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carrie P. Meek

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Nations Bank Checking		X												NA				X										
	Nations Bank (Many Mkt)		X												X														
	Nations Bank in Trust		X												X		X												

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Name Carrie P. Meek

Page 5 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	NA														

This page may be copied if more space is required.

Name Carrie P. Meek | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
		Republic Bank - Miami	Mortgage, 6830 NW 28, Miami		X								
		Ryland Mortgage Co.	Mortgage, 1830 Larotte, Tally		X								
		Credit Unions - Dade Teachers + State	Loans	X									
		Maryland Bank, Citicorp, Optima	Credit Cards		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

	Source	Description	Value
Example	Mr. Joseph B. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None		

Use additional sheets if more space is required.

Name Carrie P. Meek | Page 6 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source None	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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Name Carrie P. Meek

Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Board Member	Community Action Agency (CAA) Dade County, Fla.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

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Use additional sheets if more space is required.

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 995

FORM A
For use by Members, officers, and employees

Robert Menendez
(Full Name)

517 - 15th Street, Union City, NJ 07087
(Mailing Address)

201/222-2828
202/225-7919
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives State: NJ District: 13	☐ Officer or Employee Employing Office ______
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination Termination Date ______

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Robert Menendez

5/15/96
DATE (Month/Day/Year)
5/15/96

Name Robert Menendez

Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Union City Board of Education, 3912 Bergen Turnpike, Union City, NJ	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert Menendez

Page 3 of 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	1806 West St.,Union City, NJ					x								x										x					
JT	535-41st St., Union City, NJ					x								x									x						
JT	Union City Savings, Savings Account		x												x					x									
JT	Trust Co. of NJ - Money Market			x											x				x										
SP	Fidelity Growth Portfolio(Annuity)			x											x					x									
JT	Audiovox Corp.Class A Stock		x										x						x										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Menendez

Page 4 **of** 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Dean Witter Discover & Co. Stock		x										x						x										P
JT	Intel Corp. Stock		x										x						x										P
JT	K Mart Corp Stock		x										x						x										P
JT	LeCroy Corp. Stock		x										x						x										P
JT	(96 name change to UJB Financial Corp. Stock/Summit Bank		x										x						x										P
DC	K Mart Corp. Stock		x										x						x										P
DC	Merck & Co. Stock		x										x						x										P
DC	Pepisco, Inc. Stock		x										x						x										P
DC	Prudential Pacific Growth Fund ClassB		x										x						x										P
DC	Quaker Oats Co. Stock		x										x						x										P
DC	Toys R Us, Inc. Stock		x										x						x										P
DC	(96 name change–Summit Bank UJB Financial Corp. Stock Corp.)		x										x						x										P

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SCHEDULE IV — TRANSACTIONS

Name Robert Menendez

Page 5 **of** 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
JT	Audiovox Corp. Class A Stock	x			7-31-95	x									
JT	Dean Witter Discover & Co. Stock	x			6-8-95	x									
JT	Intel Corp. Stock	x			10-11-95	x									
JT	K Mart Corp. Stock	x			11-13-95 & 6-5-95	x									
JT	LeCroy Corp. Stock	x			10-13-95	x									
JT	(96 name chg.-Summit Bank Corp.) UJB Financial Corp. Stock	x			6-6-95	x									
DC	K Mart Corp. Stock	x			6-5-95	x									
DC	Merck & Co. Stock	x			7-10-95	x									
DC	Pepisco, Inc. Stock	x			6-5-95	x									
DC	Prudential Pacific Growth Fund Class B Stock	x			6-5-95	x									
DC	Quaker Oats Co. Stock	x			6-13-95	x									
DC	Toys R Us, Inc. Stock	x			6-5-95	x									
DC	(96 name Chg.to Summit Bank Corp) UJB Financial Corp. Stock	x			6-22-95	x									

This page may be copied if more space is required.

Name Robert Menendez

Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Union City Savings	Mortgage on 1806 West St., Union City		x								
JT	Union City Savings	" on535-41st St.,Union City				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A		

Use additional sheets if more space is required.

Name Robert Menendez

Page 7 **of** 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Assn. of Physicians From India		Apr.1, 95	Union City,NJ-Atlantic City NJ-Union City, NJ	Y	N	Y	
Miami Congressional Workshop		Apr.27-30	Newark-Miami-Newark	Y	Y	Y	
Int'l.Longshoremen's Assn.		July 14-17	Wash.,DC-Orlando-Wash.,DC	Y	Y	Y	
Cyprus Federation of America,Inc.		Aug.19-Sept.4	NY-Athens-Cyprus-NY	Y	Y	Y	9 days

This page may be copied if more space is required.

Name Robert Menendez **Page** 8 **of** 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
5/10/93	Henry Furst, Esq.	Buyout of law practice & deferred compensation for legal services prior to entering Congress.

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

MC [illegible] (6)
(Office Use Only)

JACK METCALF
(Full Name)
3273 E. SARATOGA ROAD
LANGLEY, WA 98260
(Mailing Address)

Daytime Telephone 202 225 2605

Filer Status ☒ Member of the U S House of Representatives State WA District 02 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Jack Metcalf

DATE (Month/Day/Year) 6/13/96

Name JACK METCALF Page 1 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	LOG CASTLE BED & BREAKFAST	B&B INCOME	$89,000
	WASHINGTON STATE RETIREMENT SYSTEM	PENSION	$13,200

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JACK METCALF

Page 2 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP *Examples*	Mega Corp Stock				X								X							X									P
DC, *Examples*	123 Main St, Dover, Del							X						X											X				
JT *Examples*	1st Bank of Paducah, KY accounts					X									X							X							
	IRA, WHIDBEY ISLAND BANK		X												X				NA										
SP	IRA, WHIDBEY ISLAND BANK		X												X				NA										
JT	COIN COLLECTION			X															X										
JT	CHECKING, WHIDBEY ISL. BANK (JAN)			X											X					X									
JT	CHECKING, WHIDBEY ISL. BANK (LOU)		X																X										
JT	SAVINGS TEACHERS CU NORTH WEST		X												X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jack Metcalf

Page 3 of 5

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50 000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25 000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Checking, US Bank, Langley		X																X										
JT	Savings, US Bank, Langley		X												X					X									
JT	Checking, CEFCU		X																X										
JT	Savings, CEFCU		X												X					X									
	Trust Asset																												
	54 Acres (1/5 Share)					X										X							X						
	7 Acres (1/5 Share)						X									X			X										
	(Both in Langley, WA)																												

This page may be copied if more space is required.

Name Jack Metcalf

Page 4 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	x			10–12–95		x								
JT	Sale of Greenbank Property		X		1-15-95		X								

This page may be copied if more space is required.

Name Jack Metcalf **Page** 5 **of** 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Metcalf Family Trust

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Janis L. Meyers
(Full Name)

8408 West 90th Street
Overland Park, Kansas 66212
(Mailing Address)

Daytime Telephone: 913-383-2013

Filer Status	☒ Member of the U.S. House of Representatives — State: Kansas District: Third	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Jan Meyers

DATE (Month/Day/Year): May 15, 1996

Name Janis L. Meyers

Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	Block B A	B	C	D	E	F	G	H	I	J	K	Block C						Block D I	II	III	IV	V	VI	VII	VIII	IX	X	Block E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5 000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None - $200	$201 – $1,000	$1,001– $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
Examples:	123 Main St., Dover, Del.							X						X											X				
Examples:	1st Bank of Paducah, KY accounts					X									X							X							
SP	Principal Mutual	X												Pension										X					
SP	Dain Bosworth	X													IRA									X					
JT	Capitol Federal			X											X					X									
JT	Metcalf State Bank			X											X					X									
JT	Congressional Federal			X											X					X									
JT	Southeastern OK - Ind. Bonds		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name Janis L. Meyers

Page 3 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
JT	Kansas Dept. Transp. - Bonds		X												X					X									
JT	Johnson County, KS - Bonds		X												X					X									
JT	Johnson County, KS - Bonds		X												X					X									
JT	Flagship Kansas - Bonds		X												X					X									
JT	CMA Tax Exempt Fund		X										X						X										
JT	Computer Science - Stock			X									X						X										
JT	DH Technology - Stock		X										X						X										
JT	NYNEX Corporation - Stock		X										X						X										
JT	Wal Mart Stores - Stock		X										X						X										
JT	Johnson County, KS - Bonds		X												X					X									
	Great Hall Money Market		X										X						X										
	Johnson County, KS - Bonds			X											X						X								
	Johnson County, KS - Bonds			X											X						X								
	Kansas Dept. Transp. - Bonds			X											X						X								
	U. S. Treasury Notes			X											X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Janis L. Meyers

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	BRE Properties - Stock		X										X						X										
	Travelers, Inc. - Stock		X										X						X										
	American Capitol - Mutual Fds.		X										X							X									
	Midwest Energy - Stock		X										X							X									
	Northeast Utilities - Stock		X										X							X									
SP	Kansas Muni Fund - Mutual Fd.		X										X						X										P
SP	Oklahoma Mineral Rights		X											Royalty					X										
	Wyoming Land		X											X					X										
	Nebraska Farm Land				X									X							X								
	Kansas Farm Land			X										X							X								
	Metcalf State Bank - IRA			X											X						X								
SP	Ranson Kansas Muni Bond Fd.				X								X								X								P
SP	Great Hall Money Mkt. - IRA		X										X							X									
SP	Anheuser Busch - Stock - IRA			X									X							X									
SP	Bristol Myers - Stock - IRA			X									X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Janis L. Meyers

Page 5 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Kansas City Pwr. & Lt. - Stock - IRA			X									X								X								
SP	Merck & Co. - Stock - IRA			X									X							X									
SP	Northern States Pwr. - Stock - IRA			X									X								X								
SP	Western Resources - Stock - IRA			X									X								X								
SP	U. S. Treasury Bonds - IRA							X							X				X										P&S
SP	Comstock Partners - IRA		X										X						X										S
SP	Browning Ferris - Stock - IRA			X									X							X									S
SP	Freeport McMoran - Ptn. - IRA		X										X								X								S
SP	RJR Nabisco - Stock - IRA		X										X							X									S
SP	First Trust Tel. - Stock - IRA			X									X							X									S
SP	Delaware Group - Stock - IRA		X										X								X								S
SP	Delaware Group - Stock - IRA		X										X							X									S
SP	RJR Nabisco - Stock - IRA		X										X							X									S
SP	Fourth Financial - Stock - IRA		X										X							X									S
SP	SEI Trust Co. - Funds - IRA					X							X							X									P

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SCHEDULE IV — TRANSACTIONS

Name Janis L. Meyers

Page 6 **of** 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
SP	Kansas Muni Fund - Mutual Fund	X			5-22-95	X									
SP	Ranson Kansas Muni Bond Fund	X			5-22-95			X							
SP	Comstock Partners - IRA		X		5-23-95	X									
SP	RJR Nabisco - Stock - IRA		X		5-22-95	X									
SP	Fourth Financial - Stock - IRA		X		5-22-95	X									
SP	Delaware Group - Stock - IRA		X		5-22-95	X									
SP	U. S. Treasury Bond - IRA		X		11-15-95	X									
SP	U. S. Treasury Bond - IRA		X		8-15-95			X							
SP	U. S. Treasury Bond - IRA	X			8-14-95			X							
SP	Browning Ferris - Stock - IRA		X		5-22-95		X								
SP	Freeport McMoran - Ptn. - IRA		X		5-22-95	X									
SP	First Trust Tel. - Stock - IRA		X		5-22-95		X								
SP	Delaware Group - Stock - IRA		X		5-22-95	X									
SP	RJR Nabisco - Stock - IRA		X		5-22-95	X									
SP	U. S. Treasury Bond - IRA		X		11-15-95	X									
SP	SEI Trust Co. - Funds - IRA	X			6-16-95			X							

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96 MAY 15 PM 4:18

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

John L. Mica
(Full Name)

2195 Via Tuscany
Winter Park, Florida 32789
(Mailing Address)

202-225-4035
Daytime Telephone

Filer Status ☒ Member of the U.S. House of Representatives State: Florida District: 7 ☐ Officer or Employee Employing Office ____

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date ____

A **$200 *penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/96

Name John L. Mica	**Page** 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Non-Prescription Drug Manufacturers Assn,	Speech	Mar. 4, 1995	$2,000
	American Wood Preservers Institute, Wash., D.C.	Speech	Apr. 4, 1995	$1,000
	Railway Progress Institute	Speech	Nov. 2, 1995	$1,000
	American Forest & Paper Assoc.	Speech	Oct. 28, 1995	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John L. Mica

Page 3 of 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples	SP	Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del.							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		MK Development, Winter Park, FL 50% interest								X					X											X				
		Winter Park Antique Mall, Inc. Winter Park, FL				X									X	Retail Sales									X					
		Mortgage, Maitland, FL Amy Ball		X												X				X										
		15 3rd Street, NE, Wash. DC Units 2,4&5 & two garage units						X							X									X						
		305 East Capitol Street, SE Wash. 50% interest, Rental unit					X								X									X						
		Park Lake Woods-Condo rental Units 8B & 9B, Maitland, FL					X								X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John L. Mica

Page 4 of 8

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Park Lake Woods-Condo Unit 5A Maitland, FL 50% partnership			X										X								X							
	2195 Via Tuscany - Residence Winter Park, FL							X											X										
	Lot 21 Chetola Estates - Residence Blowing Rock, NC					X													X										
	1305 S. Atlantic Ave., Unit 130 Cocoa Beach, FL					X								X								X							
	Bank of Winter Park, FL							X							X									X					
	National Bank of Commerce, Winter PK							X							X									X					
	Palmer National Bank, Wash. DC (IRA)			X											X				X										
	US Senate Federal Credit Union			X											X						X								
	Delta Chi Alumni Assoc., Loan to Housing Fund			X															X										
	First Citizens BAnk Blowing Rock, NC (checking)	X																	X										
	Metropolitan Life, Annuity					X									X				X	Deferred									
	Loan to Mica for Congress				X										X								X						Paid
	Dakota Cellular, Inc. Aberdeen, SD						X								X	X										X			Principal& int. repaid
	MD Cellular, Inc. Winter Park, FL		X																X										
	Centennial Cellular Corp. (NASDAQ)					X													X										

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SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name John L. Mica

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001– $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
	Wright Patman Congressional Credit Union, Wash., DC		X												X				X										

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Name John L. Mica **Page** 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Union Bank, Raleigh, NC	Mortgage on Unit 130, Cocoa Beach Condominium		X								
	American Savings Bank	Mortgage on Units 8 & 9 Park Lake Woods Condo, Maitland		X								
	GMAC Mortgage Corp., Waterloo, IA	Mortgage, Unit 5A, ParkLake Woods Condo, Maitland FL		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name John L. Mica | **Page** 7 **of** 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NonPrescription Drug Manufacturers Assn	Mar.3-4	Orlando, FL - Boca Raton Orlando	Y	Y	Y	N
	High Speed Rail/Mag Lev Assn	May 7-8	Orlando, FL - Boston MS Wash., D.C.	Y	Y	N	N
	FL Outdoor Advertising Assn	June 22-23	Wash., D.C. - Miami - Orlando	Y	Y	N	N
	Assoc. of American Railroads	July 6-10	Greensboro, NC - Jackson Hole, WY - Wash., D.C.	Y	Y	Y	N
	American Forest & Paper Assn	Oct. 27-29	Orlando, FL - West Palm Beach - Orlando	Y	Y	Y	N

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Name John L. Mica

Page 8 **of** 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director, resigned 1995	Dakota Cellular, Inc., Aberdeen SD
Vice President	Winter Park Antique Mall, Inc., Wither Park, FL
President	MK Development Corp., Winter Park, FL
Partner	Mic[illegible]/Temple Trail Properties, Unit 5A, Park Lake Woods Condo, Maitland, FL.
Director	MD Cellular, Inc., Winter Park, FL

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Juanita Millender-Mcdonald
(Full Name)

1438 Abila Street
Carson, CA 90745
(Mailing Address)

Daytime Telephone: 202/225-7924

Filer Status	☒ Member of the U.S. House of Representatives — State: CA District: 37	☐ Officer or Employee — Employing Office:	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE** (Month/Day/Year)
Juanita Millender-McDonald	May 15, 1996

Juanita Millender-McDonald
Name

Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of California	Salary	$ 72,000
	Los Angeles County	Spouse Salary	N/A
	Los Angeles Office of Education	Spouse Salary	N/A
	Alpha 2 Omega Computer Systems	Business income	$110,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Juanita Millender-McDonald

Page 3 of 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		BLOCK B A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Chatfield Dean & Co.		X												X				X										
JT	Mark Johnson Racing Stable				X														X										
JT	The Fox Group/Century Prop Acc		X																X										
	Los Angeles Teachers Credit Un			X									X		X					X	X								
	Holden Group-Deferred Comp.					X														N/A									
SP	County Employees Credit Union				X										X								X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Juanita Millender-McDonald

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Bank of America Accts.		X												X				X										
JT	Union Bank Accts.		X												X					X									
JT	850-856 W.129th St., Gardena					X								X										X					
JT	1236 W.64th St., Los Angeles					X								X					X										
JT	803 N. Grandee, Compton					X								X									X						
SP	1st Federal Credit Union					X									X														
SP	Horizons-Deferred Comp. Acct.					X									X														
	Security First Group-IRA Acct.		X																										
SP	Security First Group-IRA Acct.		X																										
JT	Unimproved land near Lancaster, CA					X													X										

This page may be copied if more space is required.

Juanita Millender-McDonald
Name

Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Los Angeles Teachers Credit Union	Loan		X								
JT	NationsBank	Mortgage on W.129th St.		X								
JT	Cal Fed	Mortgage on W.64th St.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Juanita Millender-McDonald | Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Mbr./Board of Directors	Southern Christian Leadership Conference
Mbr./Board of Directors	National Com. on Teaching and America's Future
Mbr./Board of Directors	Education Commission of the States
Committee Member	National Conference of State Legislators-Assembly Com. on Federal Issues
Panel Member	National Education Goals Panel

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mec)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Frederick Daniel Miller
(Full Name)

117 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202) 225-5015

Filer Status: ☒ Member of the U.S. House of Representatives — State: Florida — District: 13 ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	**Yes** ☐	**No** ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	**Yes** ☐	**No** ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	**Yes** ☒	**No** ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	**Yes** ☒	**No** ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	**Yes** ☒	**No** ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	**Yes** ☐	**No** ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	**Yes** ☒	**No** ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	**Yes** ☒	**No** ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	**Yes** ☐	**No** ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	**Yes** ☐	**No** ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	**Yes** ☐	**No** ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6 §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year): May 8, 1996

Name Frederick Daniel Miller

Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None	None	None

For payments to charity in lieu of honoraria, use Schedule II.

Name Frederick Daniel Miller

Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb 2, 1994 Aug 13, 1994	$2,000 $500
	None	None	None	None

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Frederick Daniel Miller

Page 4 of 11

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
Examples	123 Main St., Dover, Del.							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	Miller Enterprises of Manatee, Inc.									X			X	X	X	X										X			
	Miller Brothers of Manatee, Inc.					X													X										
	Don Miller Development Corp.					X							X		X								X						
	Miller's Pier Corp.					X													X										
	Segrist-Miller Corp.								X				X													X			
	Manatech Plastics, Inc.					X							X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frederick Daniel Miller

Page 5 of 11

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP DC, JT		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 - $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	CATS Corp. Bonds - IRA				X																								
SP	210 Acres-East Feliciana Parish,LA					X								X							X								
	Twentieth Century Fund - IRA		X																										
	Nations Bank		X												X					X									
	U.S. Treasury Notes			X											X						X								
	Smith-Barney Money Market		X										X		X					X									
	Barnett Bank		X												X				X										
	Federal Nat'l Mortgage Assn.-Bonds		X												X					X									
	Sears Roebuck & Co. - Notes			X											X						X								
	PIMCO Advisors Fund (Mutual Fund)			X									X			X							X						
	American Express Corp. - Notes		X												X					X									
	American Brands, Inc. - Notes			X											X						X								
	Phillip Morris - Notes			X											X						X								
	Miller Real Estate Services, Inc.			X									X									X							
	St. Louis Mo. Arpt. Revenue Bonds			X											X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frederick Daniel Miller

Page 6 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	Federal Home Loan Mortgage Corp.		X												X					X									
	Suncoast Deliveries, Inc.			X									X										X						
SP	First Commerce Corp. (Inheritance)				X								X						X										
	Congressional Federal Credit Union		X												X				X										
SP	1st National Bank - Bradenton			X											X					X									
SP	Kathryn Polk Darsey Trust **		**PLEASE SEE BELOW																										
SP	Lone Star Industries**	X																	X										
SP	Kellogg Co. Notes**			X															X										
SP	Shell Oil Co.-Notes**			X											X					X									
SP	Norwest Corp. Med.-Notes **			X															X										
SP	Chesapeake Potomac Tel - Notes **			X															X										
SP	AT&T Corp. Notes **			X															X										
SP	Pepsico, Inc. - Notes **			X															X										
SP	International Business Machines-Notes **			X																									
SP	Federal Home Loan Bank - Notes **					X									X					X									

This page may be copied if more space is required.

**Kathryn Polk Darsey Trust encompasses Lone Star Industries through Smith Barney Money Funds.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frederick Daniel Miller

Page 7 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 - $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 - $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001- $2,500	IV $2,501 – $5,000	V $5,001 - $15,000	VI $15 001 – $50,000	VII $50,001 – $100,000	VIII $100,001 - $1,000,000	IX $1,000 001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Smith-Barney Money Funds **					X									X							X							
DC	Franklin Balance		X																X										
DC	Putman New Opportunities Mut. Fund		X																X										
	Loan to Friends of Dan Miller Camp.				X														X										

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Name Frederick Daniel Miller

Page 8 of 11

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	U.S. Treasury Notes		X		1/17/95	X									
	Suncoast Deliveries, Inc.	X			1995	X									
DC	Franklin Balance Mutual Fund	X			1995	X									
DC	Putman New Opportunities Mutual Fund	X			1995	X									

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Name Frederick Daniel Miller | Page 9 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Miller Enterprises of Manatee, Inc.	Loan					X					
	Nations Bank	Business Loans			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None	None	None

Use additional sheets if more space is required.

Name Frederick Daniel Miller

Page 10 of 11

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Congressional Institute		Aug. 7,1995	Wash.,D.C.-Atlanta-Wash,D.C.	N	N	N	N

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Name Frederick Daniel Miller	Page 11 of 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Miller Enterprises of Manatee, Inc. (Not Compensated)
Director	Miller Brothers of Manatee, Inc. (Not Compensated)
Director	Don Miller Development Corp. (Not Compensated)
Director	Segrist-Miller Corp. (Not Compensated)
Director	Manatech Plastics, Inc. (Not Compensated)
Director	Miller's Pier Corp. (Not Compensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	None

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

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OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

GEORGE MILLER
(Full Name)

2205 Rayburn HOB
Washington, DC 20515
(Mailing Address)

202-225-2095
(Daytime Telephone)

MC

HAND DELIVERED
(Office Use Only)

Filer Status: ☒ Member of the U S House of Representatives — State: California — District: 7 ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: George Miller

DATE (Month/Day/Year): 5/15/96

Name George Miller

Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P S E
SP	Examples — SP Mega Corp. Stock				X								X							X									P
DC	Examples — 123 Main St., Dover, Del							X						X											X				
JT	Examples — 1st Bank of Paducah, KY accounts					X									X							X							
	[illegible] L St., SE, Wash., DC									X				X										X					
	IRA Money Market Fund, Charles Schwab Co.		X												X					X									
JT (with son)	2002 Greene St., Apt. 412, Columbia, S.C. (half interest w son)				X																								
	Savings Account:																												
[illegible]	Warburg-Pincus Mutual Fund		X																										
[illegible]	IRA Account - Charles Schwab Co.		X																										
[illegible]	IRA Account - Charles Schwab Co.		X																										
	Cong. Fed. Credit Union Savings Acct Wash., DC - from refinance of [illegible] L St.			X																									

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name George Miller

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	Sold - 1/19/95 - 264.41 shares - Charles Schwab Money Mkt Fund $264.41		X																										
S	Bought - 6/28/95 - 100 shares - Supercuts, Inc. - Price $8.00		X																										
S	Bought - 2/13/95 - 500 shares - Greenstar Telecomm Inc. - Price $3 15/16		X																										
S	Bought - 8/1/95 - 183 shares - New Age Media Fund Inc. - Price $15.00		X																										

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Name George Miller

Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Security Mortgage Co., Columbia, S.C.	mortgage on 2002 Greene St., Apt. 412, Columbia, S.C.			X							
	General Electric Capital Mortgage St. Louis, Missouri (refinance)	mortgage on 127 D St., SE, Wash., DC				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name George Miller

Page 5 of 5

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples. Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
The Aspen Institute	Feb. 16-20	Wash., DC - Fort Myers, FL - DC (George Miller)**	y	y	y	n
The Aspen Institute	Apr. 17-22	SF - St. Croix - SF	y	y	y	n
The Aspen Institute	Aug. 13-17	SF - Quebec - SF	y	y	y	n
		** SF - Fort Myers, FL - SF (Cynthia Miller)				

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A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

GEORGE MILLER (Full Name)

2205 RHOB
Washington, DC 20515 (Mailing Address)

202-225-2095 (Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives — State California District: 7	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

6-12-96
DATE (Month/Day/Year)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name George Miller

Page 2 of 2

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**											BLOCK C **Type of Income**						BLOCK D **Amount of Income**										BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											If other than one of the listed categories, specify the type of income by writing a brief description in this block.						For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP, DC, JT	*Examples.* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	127 D St., SE, Wash., DC						X							X										X					

For additional assets and unearned income, use next page.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

David Minge
(Full Name)

RR4 Box 183
Montevideo MN 56265
(Mailing Address)

(202) 225-2331
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives State MN District 2	☐ Officer or Employee Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL
X

DATE (Month/Day/Year)
X May 8, 1996

Name David Minge

Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	The Luther Institute	Spouse wages	NA
	Trust U/W Martha S. Gibb	Spouse fees	NA
	Susan and Peter Twen	Spouse fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Minge

Page 3 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	105 acres of land - Montevideo MN				X									CRP X								X							
JT	home - Montevideo MN				X									X								X							
SP	IRA - Appleton - Prairie State Bk		X												X				NA										
	IRA - Maynard - Citizens State Bk		X												X				NA										
	IRA - Mutual Shares - Shawmut Bk			X											X				NA										
JT	Montevideo Industrial Dev. Corp	X													X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Minge

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1 000 001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Mountain lot-laramie WY		X																X										
	Prudential Annuities		X																NA										
	PEBSCO					X													NA										
	TIAA-CREF			X															NA										
	PERA-State of MN		X																NA										
SP	Lincoln Nat'l Life annuity		X																NA										
	GT Global IRA			X															NA										
	TMGN Real Estate Partnership (installment sale)	X													X	X						X							S in '93
	Nelson, Oyen, Torvik, Minge +	X													X	X							X						S in '93
	Gilbertson Law Partnership (installment sale)																												
SP	Penn Mutual Diversifier II annuity		X																NA										P
	IRA Vanguard Index Trust Growth		X																NA										P
SP	IRA T Rowe Price Equity Index		X																NA										P
JT	T Rowe Price Short-term US Gov't		X										X						X										P
JT	Congressional Federal Credit Union		X												X				X										

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Name David Minge | Page 5 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT	Penn Mutual Diversifier II annuity	X			Various	X									
	IRA - Vanguard Index Trust Growth	X			4-10-95	X									
SP	IRA - T Rowe Price Equity Index	X			4-12-95	X									
JT	T Rowe Price Short-term US Gov't	X			10-16-95 11-8-95	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(9)

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HAND DELIVERED

MC
(Office Use Only)

PATSY T. MINK
(Full Name)

2135 Rayburn House Office Building
Washington DC 20515
(Mailing Address)

202-2254906
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives — State: Hawaii District: 2nd ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL: Patsy T. Mink

DATE (Month/Day/Year): May 13, 1996

Name Patsy T. Mink

Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	John F. Mink, Spouse, Mink & Yuen Vice Pres Subchapter S Corporation	Professional	NA
	John F. Mink, Spouse, George A. L. Yuen & Assoc. Partner	Professional	NA
	Patsy T. Mink, State of Hawaii Retirement System	Retirement income	$ 9638.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Paty T. Mink | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples : Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb 2, 1994 Aug 13, 1994	$2,000 $500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Patsy T. Mink

Page 3 of 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	B: A None – $1,000	B: B $1,001 – $15,000	B: C $15,001 – $50,000	B: D $50,001 – $100,000	B: E $100,001 – $250,000	B: F $250,001 – $500,000	B: G $500,001 – $1,000,000	B: H $1,000,001 – $5,000,000	B: I $5,000,001 – $25,000,000	B: J $25,000,001 – $50,000,000	B: K Over $50,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	D: I None – $200	D: II $201 – $1,000	D: III $1,001 – $2,500	D: IV $2,501 – $5,000	D: V $5,001 – $15,000	D: VI $15,001 – $50,000	D: VII $50,001 – $100,000	D: VIII $100,001 – $1,000,000	D: IX $1,000,001 – $5,000,000	D: X Over $5,000,000	E: P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
Jt	Bank of Hawaii (two checking, 2 IRA's, CD)				X										X					[redacted]	X								
Sp	Dean Witter Accounts				X										X						X								
Sp	Bank of Hawaii Keogh Plan 903-214702						X						no income									NA / Retirement Acct							
Sp	Merrill Lynch SEP Acct 145 83037				X								no income									NA / Retirement Acct							
Jt	Central Pacific Bank (Wendy's)		X												X				[redacted]	X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Patsy T. Mink

Page 4 of 8

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
Jt	Keystone America Income Fund			X									X								X								
Jt.	Alexander & Baldwin Stock			X									X								X								
Sp.	Equitable Life Assurance Policy		X												X					X									
	Prudential Life Insurance Policy		X										no income						X										
	P. Mink Campaign Loans to Campaign Committee					X							No income						X										
Jt.	Congressional Credit Union Checking Account 9620110			X											X					X									
Sp	Putnam Investments Tax Exempt 64 9811 9910		X										X							X									
Sp	Bank of America Checking Acct		X												X				X										
	Bank of America IRA 64985-51426		X												X				X										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Patsy T. Mink

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	None														

This page may be copied if more space is required.

Name Patsy T. Mink | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1 000,000	H $1,000,001–$5 000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50 000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
	none	none										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22-23

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
none		

Use additional sheets if more space is required.

Name Patsy T. Mink

Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Aloha United Way Reception in New York City Train fare paid by The Estate of James Campbell		Oct 9-95	Wash DC - NYC - Wash DC	N	N	N	N

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Name Patsy T. Mink	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Vice President (honorary	Americans of Democratic Action (unpaid) (Political)
Executive Committee	Congressional Asian-Pacific American Caucus Institute Inc. (unpaid)
Chair 95-96	Asian-Pacific Congressional Caucus (unpaid)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
Jan 1987	State of Hawaii Retirement System	retirement and health Benefits

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Use additional sheets if more space is required.

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MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers and employees

John Joseph Moakley
(Full Name)

235 Cannon HOB Washington, D.C. 20515 202-225-8273
(Mailing Address) Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representative — State MA, District 9th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☒	No ☐
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: John Joseph Moakley

DATE (Month/Day/Year): May 15, 1996

Name John Joseph Moakley Page 1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 o more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Massachusetts	Legislative Pension	$6,139.
	U.S. Veterans Administration	Disability	1,100.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Joseph Moakley

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BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2 500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
Examples	123 Main St , Dover, Del							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
JT	South Boston Savings Bank Acct.			X											X					X									
Sp	South Boston Savings Bank Acct.				X										X						X								
JT	Cong. Fed. Credit Union S.V. Acct.		X												X					X									
JT	Metropolitan Life Ins, Warwick, RI.		X										X						X										
JT	John Hancock Mutual, Boston, MA			X											X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Joseph Moakley

Page 3 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Century Shares trust		X										X						X										
JT	Dreyfus Money Market Fund	X											X						X										

This page may be copied if more space is required.

Name John Joseph Moakley

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

	Source	Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	Mr. Carl Yastrzemski, Boston MA	Ring (See attachment)	#

Use additional sheets if more space is required.

ONE HUNDRED SECOND CONGRESS

JOHN JOSEPH MOAKLEY, MASSACHUSETTS, CHAIRMAN

BUTLER DERRICK, SOUTH CAROLINA
ANTHONY C. BEILENSON, CALIFORNIA
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RANKING MINORITY MEMBER
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GEORGE C. CRAWFORD, STAFF DIRECTOR
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WILLIAM D. CROSBY, JR., MINORITY CHIEF COUNSEL

U.S. House of Representatives
Committee on Rules
Washington, DC 20515-6269

COMMITTEE OFFICE
H-312 THE CAPITOL
(202) 225-9486

MINORITY OFFICE
H-305 THE CAPITOL
(202) 225-9191

RECEIVED
92 FEB 25 AM 8:59
COMMITTEE ON STANDARDS

February 24, 1991

Honorable Louis Stokes
Chairman
Committee on Standards of
Official Conduct
HT-2, The Capitol
Washington, D.C. 20515

Dear Mr. Chairman:

I am writing for your advice and, hopefully, your Committee's consent to a request that I make of you.

In 1984, Carl Yastrzemski had rings made for the members of the Massachusetts delegation. Last March, my Boston home was broken into to. In addition to having some cash stolen, the ring given to me by "Yaz" was also stolen. Carl has told me that he still has the mold that was used to make the original rings and has offered to have the ring remade.

Inasmuch as this gift would most likely exceed the current limit on receiving gifts, I am asking that your Committee grant a waiver of this limit.

Your kind consideration of this request would be most appreciated.

Sincerely,

Joe Moakley

John Joseph Moakley

ONE HUNDRED SECOND CONGRESS
LOUIS STOKES, OHIO, CHAIRMAN
MATTHEW McHUGH, NEW YORK
GARY ACKERMAN, NEW YORK
GEORGE (BUDDY) DARDEN, GEORGIA
BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
JIM McDERMOTT, WASHINGTON
OFFICE OF ADVICE AND EDUCATION
(202) 225-3787

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT
SUITE HT-2, U.S. CAPITOL
WASHINGTON, DC 20515-6328
(202) 225-7103

JAMES V. HANSEN, UTAH
FRED GRANDY, IOWA
NANCY L. JOHNSON, CONNECTICUT
JIM BUNNING, KENTUCKY
JON L. KYL, ARIZONA
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO

BERNARD RAIMO, JR., CHIEF COUNSEL

February 26, 1992

The Honorable John Joseph Moakley
U.S. House of Representatives
235 Cannon House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of February 24, 1992, requesting Committee approval to accept a ring from Carl Yastrzemski that would likely exceed the limit on the value of gifts you may accept from one source in a calendar year. You explain that he had given you and other members of the Massachusetts delegation a similar ring in 1984, but that yours was stolen last March when your Boston home was broken into. Because he still has the mold that was used to make the original rings, he has offered to have your ring remade.

House Rule XLIII, clause 4, provides that a Member, officer, or employee of the House shall not accept in any calendar year gifts (other than the personal hospitality of an individual or with a fair market value of $100 or less) aggregating more than $250, directly or indirectly, from any source other than a relative, except to the extent permitted by written waiver granted in exceptional circumstances by the Committee on Standards of Official Conduct.

The House Bipartisan Task Force on Ethics, in its report on the Ethics Reform Act of 1989, stated:

> . . . [G]iven the application of the gifts rule to all sources, it is essential to provide some flexibility to allow the acceptance of gifts above the limit in cases where there is no potential conflict of interest or appearance of impropriety.

Report on H.R. 3660, 135 *Cong. Rec.* H9255 (daily ed. Nov. 21, 1989).

The replacement of a stolen ring originally given to you in 1984 appears to meet the above criteria. Accordingly, pursuant to House Rule X, clause 4(e)(1)(E), and Rule XLIII, clause 4, the Committee grants you a waiver from House Rule XLIII, clause 4, for the purpose of permitting you to accept the ring from Carl Yastrzemski.

The Honorable John Joseph Moakley
February 26, 1992
Page 2

This letter applies only to the limits on acceptance of gifts in the above-cited rule. Section 102(a)(2)(B) of the Ethics in Government Act of 1978 (EIGA), as amended, requires that individuals who are required to file Financial Disclosure Statements must report the source, a brief description, and value of all gifts aggregating $250 or more in value received from one source in 1992. When reporting receipt of the ring, we suggest that you indicate that a waiver was obtained from the Committee.

If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Louis Stokes
Chairman

James V. Hansen
Ranking Minority Member

JS:MJD

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(14)

HAND DELIVERED

96 MAY 15 AM 11: 24

U.S. HOUSE OF REPRESENTATIVES

MC

(Office Use Only)

SUSAN MOLINARI
Full Name

460 Clawson Street
Staten Island, New York 10306
(Mailing Address)

Daytime Telephone
(718) 987-8400

Filer Status	☒ Member of the U.S. House of Representatives	State New York District 13	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A **$200** ***penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have earned income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL
Susan Molinari

DATE (Month/Day/Year)
May 13 1996

Name Susan Molinan

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SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D C.	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Preston Gates Ellis et al, Wash DC	Speech	9/12/95	$ 1,000
Reader's Digest, Pleasantville NY	Article (excerpt)	12/ 1/95	$ 260

Name Susan Molinari **Page** 3 **of** 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None "	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP / DC, JT — *Examples*: Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St, Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2 500	
1st Bank of Paducah, KY accounts	$50,001 - $100 000	Interest	$5,001 - $15 000	
460 Clawson Avenue, SI NY 10306	$100,001 - $250,000	Rent	$1 001 - $2,500	NA
SP See Attached Spousal Disclosure				

Name Susan Molinari

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SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	See Attached Spousal Disclosure			

Name Susan Molinari | **Page** 5 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10 000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child Mark the highest amount owed during the year Exclude Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child parent or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information see Instructions, pages 21 22

SP DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100 001 $250 000
SP	See Attached Spousal Disclsoure		

Name Susan Molinari | **Page** 6 of 7

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time *not* at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
International Mass Retail Association	May 12 - 13	Washington - Boston - New York	Y	Y	N	No
American Israel Education Foundation	Aug 16 - 23	New York - Israel - New York	Y	Y	Y	No

Name Susan Molinari	**Page** 7 **of** 7

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated held during the current calendar year as an officer director trustee of an organization partner proprietor representative employee, or consultant of any corporation, firm, partnership, or other business enterprise any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions pages 25 26

Exclude Positions held in any religious, social, fraternal or political entities positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Board Member	March of Dimes, Staten Island Chapter
Member	Public Affairs Committee Greater NYC March of Dimes
Board Member	Wagner College

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

BILL PAXON
(Full Name)

251 WEDGEWOOD DR. WILLIAMSVILLE, NY 14221
(Mailing Address)

202-225-5265
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives	State NY District 27	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

(Office Use Only)

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II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, § 104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
5-14-96

Name BILL PAXON

Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US HOUSE OF REPRESENTATIVES (VOLUNTARILY DISCLOSED)	SALARY	$133,258
	US HOUSE OF REPRESENTATIVES	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Bill Paxon | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP DC JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	Examples: 123 Main St., Dover, Del							X						X											X				
JT	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	THRIFT SAVINGS RETIREMENT PLAN (VOLUNTARILY DISCLOSED – $116,300					X																							
	1993 FORD TEMPO (VOLUNTARILY DISCLOSED – 6,015		X																										
	PERSONAL RESIDENCE/251 WEDGEWOOD VOLUNTARILY DISCLOSED: ESTIMATED VALUE $16[illegible],000 OWED TO MELLON MORTGAGE $111,187 MELLON ESCROW ACCT. BAL. $2256 ESCROW ACCT. INTEREST $49					X									X				X										

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BILL PAXON

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	NON-INCOME RESIDENCE UNIT OCCUPIED BY PARENTS AT 144 WEDGEWOOD DRIVE SOLD 6/95 VOLUNTARILY DISCLOSED: SALE PRICE $103,000 ESCROW INTEREST $12	X													X				X										S
JT	RESIDENTIAL PROPERTY/511 WOODLAND TERR ALEXANDRIA, VA 22302 VOLUNTARILY DISCLOSED! ESTIMATED VALUE $400,000 OWED TO AMERICAN HOME FUNDING $368,228 A.H.F. ESCROW BAL. $1892 ~~[illegible]~~						X																						P
	SPOUSAL ASSETS ARE DISCLOSED ON ATTACHED FILING																												

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SCHEDULE IV — TRANSACTIONS

Name Bill Paxon

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

DC, JT, SP	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	Mega Corporation Common Stock	x			10-12-95		x								
	NON INCOME RESIDENCE UNIT OCCUPIED BY PARENTS AT [illegible] WOODWOOD DRIVE VOLUNTARILY DISCLOSED! SALE PRICE $104,000		X		6-22-95				X						
JT	RESIDENTIAL PROPERTY/511 WOODLAND TERRACE ALEXANDRIA, VIRGINIA 22302 VOLUNTARILY DISCLOSED! PURCHASE PRICE $389,000				6-30-95					X					

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Name BILL PAXON | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	MELLON MORTGAGE, HOUSTON TEXAS VOLUNTARILY DISCLOSED: $111,187		MORTGAGE/PERSONAL RESIDENCE 251 WEDGEWOOD DR, WILLIAMSVILLE				X						
	MELLON MORTGAGE, HOUSTON TEXAS VOLUNTARILY DISCLOSED: [redacted] $40,184 (BALANCE OWED AT SALE)		MORTGAGE/NON-INCOME RESIDENCE 194 WEDGEWOOD DR, WILLIAMSVILLE		X								
JT	AMERICAN HOME FUNDING, RICHMOND VIRGINIA VOLUNTARILY DISCLOSED: $368,228		MORTGAGE/RESIDENTIAL PROPERTY 511 WOODLAND TERR, ALEX. VA.					X					
	SPOUSAL LIABT												

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example.	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name BILL PAXON

Page 7 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C – Chicago– Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6-13	Wash , D C —Los Angeles– Cleveland	Y	Y	Y	4 Days
	ASIA PACIFIC EXCHANGE FOUNDATION	5-26 TO 6-5-95	BUFFALO, NY – BEIJING & SHANGHAI, CHINA – HONG KONG – WASH., D.C. (VOLUNTARILY DISCLOSED COST OF TRIP: $5,000)	Y	Y	N	N
	AMERICAN - ISRAEL EDUCATION FOUNDATION	8-16 TO 8-23 95	NEW YORK CITY – ISRAEL – BUFFALO, N.Y. (VOLUNTARILY DISCLOSED COST OF TRIP: $5170)	Y	Y	Y	N
			SPOUSAL TRAVEL DISCLOSED ON ATTACHED FORM				

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
96 MAY 15 PM 4:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC (Office Use Only)
①
HAND DELIVERED

Alan B. Mollohan
(Full Name)

2427 Rayburn Building
(Mailing Address)

Washington, DC 20515
Daytime Telephone 202/225-4172

Filer Status	☒ Member of the U.S. House of Representatives State: WV District: 1st	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	**Yes** ☐ **No** ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	**Yes** ☐ **No** ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	**Yes** ☐ **No** ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	**Yes** ☐ **No** ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	**Yes** ☒ **No** ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	**Yes** ☐ **No** ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	**Yes** ☒ **No** ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	**Yes** ☐ **No** ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	**Yes** ☒ **No** ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	**Yes** ☐ **No** ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	**Yes** ☐ **No** ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Alan B. Mollohan

DATE (Month/Day/Year) 5/15/96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Alan B. Mollohan

Page 2 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	123 Main St. Dover, De.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Rental property-601 24th St., NW, #206, Wash., DC 20037				X									X										X					
JT	Rental property-601 24th St., NW, #706, Wash., DC 20037					X								X							X								P
JT	Rental property-60 G St., SW, Washington, DC 20024 (former personal residence)					X								X									X						
	Huntington Bancshares	X											X							X									S
SP	Rochester & Pittsburgh Coal	X											X						X										S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Alan B. Mollohan

Page 3 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	City of Fairmont, WV Sewer Revenue Bonds			X											X						X								S(part)
SP	Kanawha County, WV Building Revenue Bonds			X											X					X									
SP	WV Ins. Hospital Revenue Bonds		X												X					X									
SP	WV Hospital Finance Authority Bonds			X											X						X								
SP	PaineWebber Money Fund	X													X				X										
SP	1/5 int. coal, oil & gas 6.5ac Linn Lick, Center Dist., Gilmer	X											ROYALTY						X										
SP	1/5 int. coal, oil & gas 27ac Linn Lick, Center Dist., Gilmer	X											ROYALTY						X										
SP	3.33% int. oil & gas 35c. Bull Fork, DeKalb Dist., Gilmer		X										ROYALTY						X										
SP	5/32 int. oil & gas 242ac NS Kanawha, Glenville Dist., Gilmer			X									ROYALTY								X								
SP	PaineWebber Putnam Global Growth IRA		X																										
	PaineWebber Retirement Fund:				X																								
	200 shrs Bristol Myers Squibb			X																									
	1000 shrs Equitable Cos. Inc.			X																									
	1000 shrs Noram Energy Corp.		X																										
	PaineWebber Retirment Money Fund	X																											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Alan B. Mollohan

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	PaineWebber Retirement Fund (continued):																												
	500 shrs Hills Stores	X																											S
	600 shrs Transco Energy Co.	X																											S
	1000 shrs Darden Restaurants		X																										P
	1000 shrs Navistar Intl Corp		X																										P
	300 shrs St. Joe Paper Co.			X																									P

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Alan B. Mollohan

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT	Rental property-601 24th St., NW #706, Washington, DC 20037	X			12-04-95				X						
	Huntington Bancshares (common stock)		X		05-15-95	X									
	Huntington Bancshares (dividend reinvestment plan)		X		05-26-95	X									
SP	Rochester & Pittsburgh Coal		X		05-15-95	X									
SP	City of Fairmont, WV Sewer Revenue Bonds (2)		X		04-27-95	X									
	PaineWebber Retirement Fund:														
	Transco Energy Co.		X		01-30-95	X									
	Transco Energy Co.		X		02-07-95	X									
	Hills Stores		X		03-06-95	X									
	Hills Stores		X		05-26-95	X									
	Darden Restaurants	X			06-06-95	X									
	St. Joe Paper Co.	X			06-20/95		X								
	Navistar Intl Corp. New	X			08-23-95	X									

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SCHEDULE V — LIABILITIES

Name Alan B. Mollohan

Page 6 of 7

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	James Madison Mortgage	Mortgage on 601 24th St NW #206, WDC 20037			X							
JT	Harbor Financial Mortgage Corp.	Mortgage on 601 24th St NW #706, WDC 20037			X							
JT	GE Capital Mortgage Services	Mortgage on 60 G St SW, WDC 20024				X						
JT	Huntington National Bank (WV)	Revolving credit line		X								
JT	Huntington National Bank (WV)	Loan against WV Bonds		X								

(continued on following page)

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note. House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Alan B. Mollohan	**Page** 7 **of** 7

SCHEDULE V — LIABILITIES (continued)

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	The Travelers Bank VISA	Revolving charge account	X									
	FERS Thrift Savings	Loan for children's education	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

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NITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

MC HAND DELIVERED
(Office Use Only)

Congressman Gillespie V. Montgomery
(Full Name)

2184 Rayburn Building
Washington, D. C. 20515
(Mailing Address)

(202) 225-5031
Daytime Telephone

Filer Status ☒ Member of the U S House of Representatives State Mississippi District 3rd ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL G. V. Montgomery

DATE (Month/Day/Year) May 14th 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Gillespie V. Montgomery

Page 2 **of** 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001–$2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Wright Patman Congressional Federal Credit Union			X											X						X								
	Trustmark Nat'l Bank, Jackson, Ms.		X												X					X									
	Home Federal Savings & Loan Meridian, Ms.			X											X						X								
	Home Federal Savings & Loan stock			X									X								X								
	Union Planters Bank (formerly Sunburst Bank Savings), Ms.		X												X					X									E
	The Parkway Company (formerly Eastover Bank) stock	X											X						X										E

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gillespie V. Montgomery

Page 3 of 9

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP DC JT	A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P. S. E
Nuveen Bonds		X												X				X										
Lowndes County, Ms. Bonds		X												X					X									
Mississippi Highway Bonds		X												X					X									
Merrill Lynch Investments, Jackson, Ms.			X									X		X						X								
Union Planters Corp. (formerly Grenada Sunburst Systems, Grenada, Ms.)		X										X							X									
Oil Interest & Timerland, Clarke County, Ms. (40 acres)			X										None					X										
First Trust Advantage Series Mississippi Stock		X												X					X									
Indianola Income Property, Inc. L.P. ½ unit commercial Rental Property Indianola, Ms.			X									Partnership cash distribution								X								
Indianola Income Property, II, L.P. ½ unit commercial leasing property Indianola, Ms.		X										Partnership cash distribution							X									
Meridian Duplex, 3904 Country Club Dr Meridian, Ms.					X								X							X								
Parkside, 10508 Montrose Ave, #104 Bethesda, Maryland					X								X									X						
The Court (½ interest) 212 Justice Court, N.W., Washington, D.C.					X								X									X						
Deposit Guaranty Bank, Jackson, Ms.			X											X					X									
Mississippi General Obligation Port Bonds		X												X					X									
Sanderson Farms Stock, Laurel, Ms.		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gillespie V. Montgomery

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transactio
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	The Blackrock Target Term Trust Stock, New York		X										X							X									
	Carlyle Real Estate Limited Partnership XIV, Chicago, Illinois		X												X				X										
	Sterne, Agee & Leach CEF Gov't Fund Birmingham, Alabama			X									X								X								
	Timberland (38 acres) Neshoba County, Ms.			X											None				X										
	Timberland (½ Interest-775 acres) Attala County, Ms.					X								Use of land X hunting						X									
	Timberland (½ Interest-122 acres) Lauderdale County, Ms.				X									None					X										
	Timberland (40 acres) Calhoun County, Ms.		X											None					X										
	Irvine Sensors Stock		X													X							X						S
	The Diplomat(1 unit Limited Partnership Residential Rental Property, Hinds County, Ms.				X								Partnership Cash distribution							X									
	Bancorp of Mississippi stock		X										X						X										
	Torchmark Corp. stock		X												None				X										
	Meridian Ms. School General Obligation Bonds		X												X					X									
	Big "B" Inc., stock		X										X						X										
	Delta Income Property L.P.(2 units Leasing Warehouse, Indianola, Ms.			X									Partnership Cash distribution									X							
	120 North Congress, L.P.(1 unit commercial rentals & leasing property Jackson, Ms.			X											None				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gillespie V. Montgomery

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transactio
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Crusade Partners, L.P. (1 unit leasing of hotel, Panama Beach, Florida			X									Partnership cash distribution							X									
	Citizens National Bank Stock Meridian, Ms.	X											X						X										
	Lakeshore Partners, L.P. (1 unit apartment complex, Jackson, Ms.)			X									Partnership cash distribution							X									
	National Bank of Commerce stock		X										X							X									
	Glaxo Holdings Stock		X										X						X										
	Mobile Telecommunications Tech. Corp. Stock		X											None					X										
	MFS Mississippi Municipal Bond Fund		X												X					X									
	Mississippi Hospital Equipment Facilities Authority Bonds		X											None					X										
	Tokos Medical Stock		X													X				X									S
	Butler National Corp. Stock		X											None					X										
	Eaton Vance Mississippi Tax Free Bond		X												X					X									
	Fund U.S. Government Securities Inc., Class C			X									X									X							
	Meridian Mississippi Junior College C.O.P. Bond		X											None					X										
	Cellular Towers Asset Fund, L.P. (½ unit land for cellular telephone tower, Jackson, Ms.		X										Partnership cash distribution							X									
	Worldcom Inc. (formerly LDDS Communications stock)		X													X						X							S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gillespie V. Montgomery

Page 6 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transactio
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Southern Company Stock		X										X						X										P
	U.S. Dept. Veterans Affairs 7% Bonds (due 11/15/12)		X												X				X										
	Meridian Ms. General Obligation Community College Bond(due 7/1/2008)		X												X					X									
	Mississippi Hospital Equip. Facility Bond(Meridian Riley) 7.125% due 5/1/22)		X												None				X										P
	Meridian Mississippi Water & Sewer Rev. Comb. Ser A 5.9% Bond (7/1/2007)		X												X					X									P
	Trustmark Corp. Stock		X										X						X										P
	Eastgroup Properties Stock		X										X						X										P
	LaSalle National Bank, Chicago Certificate of Deposit Due 11/23/2004		X												X					X									P
	Delta Industrial Fund,L.P.(1 unit leasing warehouse, Drew, Ms.)			X											None				X										P
	USAA Investment Management Company San Antonio, Texas				X								X							X									P

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SCHEDULE IV — TRANSACTIONS

Name Gillespie V. Montgomery **Page** 7 **of** 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Sunburst Bank Savings changed name to Union Planters Bank			X	1-10-95										
	Eastover Bank stock merged into The Parkway Company			X	4-27-95										
	Irvine Sensors Corporation		X		3-17-95	X									
	Tokos Medical Stock		X		8-23-95	X									
	LDDS Communications, Inc. stock changed name to Worldcom, Inc.	X			4-4-95	X									
	Worldcom, Inc.		X		11-17-95	X									
	Southern Company Stock	X			8-28-95	X									
	Mississippi Hospital Equip & Facilities Bond Meridian Riley 7.125% due 5/1/22	X			2-16-95	X									
	Meridian Mississippi Water & Sewer Rev. Comb. Ser. A Bond 5.9% due 7/1/2007	X			5-26-95	X									
	Trustmark Corp. Stock	X			11-16-95	X									
	Eastgroup Properties Stock	X			12-13-95	X									
	LaSalle National Bank, Chicago Certificate of Deposit Due 11/23/2004	X			1-5-95	X									
	Delta Industrial Fund, L.P.(1 unit leasing warehouse, Drew, Ms.	X			3-15-95	X									
	USAA Investment Management Company, San Antonio, Texas	X			7-10-95			X							

This page may be copied if more space is required.

Name Gillespie V. Montgomery	Page 8 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
		Delta Industrial Fund, L.P. P.O. Box 22655, Jackson, Ms.	Limited Partnership Business Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22-23.

	Source	Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE		

Use additional sheets if more space is required.

Name Gillespie V. Montgomery	**Page** 9 **of** 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Administrative Co-Chairman	National Security Caucus

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

CARLOS J. MOORHEAD
(Full Name)

2346 RAYBURN HOB, WASHINGTON, D. C. 20515
(Mailing Address)

202/225-4176
(Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives	State CALIFORNIA District 27TH	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (see 5 U.S.C. app. 6, § 104).

SIGNATURE OF REPORTING INDIVIDUAL Carlos Moorhead

DATE (Month/Day/Year) May

Name CARLOS J. MOORHEAD

Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	DEPARTMENT OF DEFENSE	PENSION	$8,600.00
	CALIFORNIA STATE LEGISLATURE RETIREMENT	PENSION	3,091.00
	MADELEINE FASHIONS	SPOUSE COMMISSION	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name CARLOS J. MOORHEAD | Page 3 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb 2, 1994 Aug 13, 1994	$2,000 $500
CONCEPT COMMUNICATIONS, INC., GLENDALE, CA	SPEECH	Mar. 8, 1995	$1,000
CALIFORNIA CABLE TELEVISION ASSN., SAN DIEGO,CA	SPEECH	Aug. 11,1995	1,500
CALIFORNIA CABLE TELEVISION ASSN., ANAHEIM, CA	SPEECH	Dec. 1, 1995	1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name CARLOS J. MOORHEAD

Page 4 of 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	WILSON & ASSOC. (INCLUDES WAKEFIELD)				X										X						X								
	GLENDALE FEDERAL BANK	X													X				X										
	CRESTAR BANK, McLEAN, VA		X												X				X										
	FIRST VIRGINIA BANK		X												X					X									
	CONGRESSIONAL FCU		X												X				X										
	WELLS FARGO BANK		X																X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CARLOS J. MOORHEAD

Page 5 of 6

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	SOUTHWEST GAS, COMMON STOCK		X										X						X										
	KEYSTONE S-3			X									X									X							
	AMERICAN FUNDS(ICA)-MUTUAL FND			X									X							X									
	SALOMON INVESTMENT FUNDS			X									X								X								
	BANK OF AMERICA	X													X				X										
	43941 Afton Terrace TOWNHOUSE-Ashburn, VA					X								X								X							
	43943 Afton Terrace TOWNHOUSE-Ashburn, VA					X								X								X							
	LOTS 115-116, FRYING PAN ROAD		X																X										

This page may be copied if more space is required.

Name CARLOS J. MOORHEAD

Page 6 **of** 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	DEL AMO SAVINGS BANK, TORRANCE, CA	CO-SIGNER OF NOTE FOR										
		SON ON HOME				X						
	CONGRESSIONAL FEDERAL CREDIT UNION	MORTGAGE ON HOME AT										
		1569 McLEAN COMMONS CT. McLEAN, VA		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

(17)

96 MAY 15 PM 2:42

U.S. HOUSE OF REPRESENTATIVES

MC

HAND DELIVERED

(Office Use Only)

JAMES P. MORAN, JR.
(Full Name)

205 West Uhler Terrace
(Mailing Address)

Alexandria, Virginia 22301 202-225-4376
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives State Va. District 8th ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** Yes ☒ No ☐

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child, purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/15/96

Name James P. Moran, Jr. | Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C XYZ Magazine	Speech Article	Feb 2, 1994 Aug. 13, 1994	$2,000 $500
American College of Obstetrics and Gynecology,	Speech	3/21/95	$1000
Washington, D.C.			
Arthur Anderson & Co., Government Services	Speech	5/8/95	$1500
Advanced Industry Seminar, Washington, D.C.			
American Leadership Conference, Washington Times	Speech	10/17/95	$2000
Foundation, Washington, D.C.			

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Name James P. Moran, Jr. Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.						BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income										BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	
SP	Example SP Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X															
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Capital One Financial Corp.		X										X						X										P
	Crestar Financial Corp.		X										X							X									

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name James P. Moran, Jr.

Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Capital One Financial Corp.			X	3-8-95	X									
	Ralston Purina Corp./Continental Baking			X	5-15-95	X									
	Ralston Purina Corp.		X		9-1-95	X									
	Signet Banking Corp.		X		9-1-95	X									
	See attached sheets for transactions														
	in options positions														

This page may be copied if more space is required.

Name James P. Moran, Jr.

Page ___ **of** ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Wright Patman FCU	Line of credit	X									
JT	Wright Patman FCU	Revolving credit card account	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name James R. [illegible]	Page of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash. D.C.—Chicago—Wash. D.C.	N	N	N	N
	Rawcroft Corporation	Aug 6-13	Wash. D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Democratic National Comm.	Feb. 1[illegible]-20	Wash.-Boca Raton, FL-Wash.	Y	Y	N	N
	Democratic National Comm. Finance Council Retreat	Mar. 3-[illegible]	Wash.-Palm Beach, FL-Wash.	Y	Y	N	N
	Aspen Institute	Apr. 17-2[illegible]	Wash.-St. Croix-Wash.	Y	Y	Yes	N
	National Security [illegible] Inst., [illegible] Council Institute	Apr. 23-3[illegible]	Wash.-[illegible]-Rome-Wash.	Y	Y	N	N

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ROYAL ALLIANCE ASSOCIATES INC
733 3RD AVENUE 4TH FLOOR
NEW YORK NY 10017-3204
TEL:(212)551-5190

PAYER: PERSHING DIVISION OF
DONALDSON, LUFKIN & JENRETTE
SECURITIES CORPORATION

TAXPAYER IDENTIFICATION
NUMBER 13-2741729

*** TAX INFORMATION STATEMENT *** PAGE 1
FOR THE PERIOD BEGINNING JANUARY 1, 1995 AND ENDING DECEMBER 31, 1995

038 020078
STATEMENT FOR THE ACCOUNT OF:
JAMES P MORAN JR AND
MARY MORAN JYTEN
PERSONAL AND CONFIDENTIAL
205 WEST UHLER TERRACE
ALEXANDRIA VA
22301

ACCOUNT NUMBER: 038-993150

SOC. SEC. NO. : 030-32-3146

RR NUMBER: FD7

YOUR ACCOUNT EXECUTIVE:
JOHN F. MORAN
(508) 875-5540

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

SUMMARY	AMOUNT	TAX REPORTING INSTRUCTIONS FOR INDIVIDUALS
TRANSACTIONS WE REPORT TO THE IRS:		
REGULATED FUTURES CONTRACTS - AGGREGATE PROFIT OR (LOSS)	(2,257.62)	REPORT TOTAL ON FORM 6781; LINE 1
TRANSACTIONS WE DO NOT REPORT TO THE IRS:		
EQUITY OPTIONS TRANSACTIONS	30,075.84	SEE ENCLOSURE FOR REPORTING INSTRUCTIONS
SECURITIES PURCHASED IN 1995	36,233.75	SEE ENCLOSURE FOR REPORTING INSTRUCTIONS

PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (FORM 1099-B) (OMB NO.1545-0715)

REGULATED FUTURES CONTRACTS
PROFIT OR (LOSS) REALIZED IN 1995

TRADE/ENTRY DATE	NUMBER OF CONTRACTS	BUY/ SELL	DESCRIPTION	CUSIP NUMBER	OPENING CONTRACT AMOUNT	CLOSING CONTRACT AMOUNT	REALIZED PROFIT/(LOSS)
01-19-95	6	SELL	PUT 100 S & P 500 INDEX EXP 01-21-95 @ 470 CLOSING TRANSACTION UNSOLICITED ORDER	6488158MN	966.50	1,883.43	916.93
01-20-95	9	SELL	PUT 100 S & P 100 INDEX EXP 01-21-95 @ 435 CLOSING TRANSACTION	7837808MG	3,399.74	3,764.12	364.38
01-20-95	3	SELL	PUT 100 S & P 100 INDEX EXP 01-21-95 @ 435 CLOSING TRANSACTION	7837808MG	333.26	1,251.21	917.95
01-24-95	6	SELL	PUT 100 S & P 500 INDEX EXP 01-21-95 @ 460 SPX ML 460 CLOSING TRANSACTION	6488158ML	1,866.50	.00	(1,866.50)
02-03-95	6	SELL	CALL 100 S & P 500 INDEX EXP 02-18-95 @ 470 CLOSING TRANSACTION UNSOLICITED	6488158BN	2,166.50	6,683.27	4,516.77
02-03-95	6	SELL	CALL 100 S & P 100 INDEX EXP 02-18-95 @ 440 CLOSING TRANSACTION UNSOLICITED	7837808BH	1,532.52	3,533.38	2,000.86
02-07-95	10	SELL	CALL 100 S & P 100 INDEX EXP 02-18-95 @ 440 CLOSING TRANSACTION UNSOLICITED ORDER	7837808BH	2,554.20	7,434.11	4,879.91
02-07-95	4	SELL	CALL 100 S & P 100 INDEX EXP 02-18-95 @ 440 CLOSING TRANSACTION UNSOLICITED ORDER	7837808BH	1,021.78	2,875.04	1,853.26
02-15-95	32	SELL	PUT 100 S & P 500 INDEX EXP 02-18-95 @ 480 CLOSING TRANSACTION UNSOLICITED	6488158NP	6,993.00	655.48	(6,337.52)
02-21-95	6	SELL	PUT 100 S & P 100 INDEX EXP 02-18-95 @ 435 OEX NG 435 CLOSING TRANSACTION	7837808NG	3,666.50	.00	(3,666.50)

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*** TAX INFORMATION STATEMENT ***
FOR THE PERIOD BEGINNING JANUARY 1, 1995 AND ENDING DECEMBER 31, 1995

038 020078
STATEMENT FOR THE ACCOUNT OF:
JAMES P MORAN JR AND
MARY MORAN JTTEN

ACCOUNT NUMBER: 038-993150
SOC. SEC. NO. : 030-32-3146

REGULATED FUTURES CONTRACTS
PROFIT OR (LOSS) REALIZED IN 1995

TRADE/ENTRY DATE	NUMBER OF CONTRACTS	BUY/ SELL	DESCRIPTION	CUSIP NUMBER	OPENING CONTRACT AMOUNT	CLOSING CONTRACT AMOUNT	REALIZED PROFIT/(LOSS)
02-23-95	6	SELL	PUT 100 S & P 100 INDEX EXP 03-18-95 @ 455 CLOSING TRANSACTION UNSOLICITED	78379090K	4,341.50	1,958.43	(2,383.07)
03-06-95	5	SELL	PUT 100 S & P 100 INDEX EXP 03-18-95 @ 455 CLOSING TRANSACTION	78379090K	1,726.75	2,811.40	1,084.65
03-07-95	5	SELL	PUT 100 S & P 100 INDEX EXP 03-18-95 @ 455 CLOSING TRANSACTION UNSOLICITED	78379090K	1,726.75	3,123.89	1,397.14
03-09-95	6	SELL	PUT 100 NASDAQ 100 INDEX EXP 03-18-95 @ 425 CLOSING TRANSACTION	[illegible]	2,466.50	758.47	(1,708.03)
03-17-95	10	SELL	PUT 100 S & P 100 INDEX EXP 03-18-95 @ 460 CLOSING TRANSACTION	78379090L	1,749.80	61.50	(1,688.30)
03-17-95	5	SELL	PUT 100 S & P 100 INDEX EXP 03-18-96 @ 460 CLOSING TRANSACTION	78379090L	[illegible]	32.49	(842.46)
03-24-95	6	SELL	PUT 100 S & P 500 INDEX EXP 04-22-95 @ 500 CLOSING TRANSACTION UNSOLICITED	[illegible]	4,273.50	2,476.41	(1,797.09)

TOTAL NET PROFIT OR (LOSS) REALIZED IN 1995 .... (2,257.62)
TOTAL FEDERAL INCOME TAX WITHHELD ON PROFIT OR (LOSS) REALIZED IN 1995 .... .00

REGULATED FUTURES CONTRACTS SUMMARY

	PROFIT OR(LOSS)	FEDERAL INCOME TAX WITHHELD
NET UNREALIZED PROFIT OR (LOSS) ON OPEN CONTRACTS - 12/31/94 ...	.00	.00
NET PROFIT OR (LOSS) REALIZED IN 1995	(2,257.62)	.00
NET UNREALIZED PROFIT OR (LOSS) ON OPEN CONTRACTS - 12/31/95 ...	.00	.00
AGGREGATE PROFIT OR (LOSS)	(2,257.82)	.00

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*** TAX INFORMATION STATEMENT *** PAGE 3
FOR THE PERIOD BEGINNING JANUARY 1, 1995 AND ENDING DECEMBER 31, 1995

038 020078 STATEMENT FOR THE ACCOUNT OF: JAMES P MORAN JR AND MARY MORAN JTTEN	ACCOUNT NUMBER: 038-893150 SOC. SEC. NO. : 030-32-3146

WE ARE NOT REQUIRED TO AND DO NOT REPORT THE FOLLOWING INFORMATION TO THE IRS. THIS INFORMATION IS PROVIDED AS A COURTESY TO ASSIST IN PREPARING YOUR TAX RETURNS.

EQUITY OPTIONS TRANSACTIONS (NOT REPORTABLE TO THE IRS)

TRADE/ENTRY DATE	QUANTITY	SECURITY DESCRIPTION	CUSIP NUMBER	PROCEEDS
01-20-95	10	PUT 100 MCDONNELL DOUGLAS EXP 02-18-95@ 46 5/8 CLOSING TRANSACTION	5801699MW	421.48
01-20-95	3	PUT 100 NIKE, INC. - CLASS B EXP 01-21-95 @ 75 CLOSING TRANSACTION	6541069MO	854.96
01-30-95	6	PUT 100 COMPUTER SCIENCES EXP 02-18-95 @ 50 CLOSING TRANSACTION	2053639NJ	1,058.46
01-30-95	20	PUT 100 MARTIN MARIETTA EXP 02-18-95 @ 45 CLOSING TRANSACTION	5729009NI	1,141.45
01-30-95	12	PUT 100 TELEFONOS DE MEXICO EXP 02-18-95 @ 35 CLOSING TRANSACTION	8794039NG	5,765.30
02-06-95	10	CALL 100 TELEFONOS DE MEXICO EXP 02-18-95 @ 35 CLOSING TRANSACTION	8794039BG	671.47
02-15-95	25	PUT 100 TEXAS INSTRUMENTS EXP 02-18-95 @ 75 CLOSING TRANSACTION UNSOLICITED	8825089NO	40.25
02-15-95	5	PUT 100 TEXAS INSTRUMENTS EXP 02-18-95 @ 75 CLOSING TRANSACTION UNSOLICITED	8825089NO	8.74
02-21-95	20	PUT 100 INTEL EXP 02-18-95 @ 75 INQ NO 75 CLOSING TRANSACTION	4581409NO	.00
02-23-95	6	PUT 100 TEXAS INSTRUMENTS EXP 03-18-95 @ 80 CLOSING TRANSACTION UNSOLICITED	8825089OP	883.46
02-27-95	3	PUT 100 TELEFONOS DE MEXICO EXP 05-20-95 @ 30 CLOSING TRANSACTION UNSOLICITED	8794039QF	1,292.46
03-06-95	4	PUT 100 TELEFONOS DE MEXICO EXP 05-20-95 @ 30 CLOSING TRANSACTION	8794039QF	1,839.43
03-07-95	3	PUT 100 TELEFONOS DE MEXICO EXP 05-20-95 @ 30 CLOSING TRANSACTION UNSOLICITED	8794039QF	1,667.44
03-08-95	5	PUT 100 TEXAS INSTRUMENTS EXP 03-18-95 @ 80 CLOSING TRANSACTION UNSOLICITED	8825089OP	123.89

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*** TAX INFORMATION STATEMENT ***
FOR THE PERIOD BEGINNING JANUARY 1, 1995 AND ENDING DECEMBER 31, 1995

038 020078
STATEMENT FOR THE ACCOUNT OF:
JAMES P MORAN JR AND
MARY MORAN JTTEN

ACCOUNT NUMBER: 038-993150
SOC. SEC. NO. : 030-32-3146

EQUITY OPTIONS TRANSACTIONS (NOT REPORTABLE TO THE IRS)

TRADE/ENTRY DATE	QUANTITY	SECURITY DESCRIPTION	CUSIP NUMBER	PROCEEDS
03-10-95	9	PUT 100 TEXAS INSTRUMENTS EXP 03-18-95 @ 85 CLOSING TRANSACTION	88250880Q	371.48
03-14-95	5	PUT 100 APPLE COMPUTER INC. EXP 03-18-95 @ 40 CLOSING TRANSACTION UNSOLICITED	03783390H	1,811.43
03-15-95	5	PUT 100 APPLE COMPUTER INC. EXP 03-18-95 @ 40 CLOSING TRANSACTION UNSOLICITED	03783390H	2,296.42
03-17-95	10	PUT 100 SAFECARD SERVICES INC EXP 03-18-95 @ 20 CLOSING TRANSACTION	786421900	443.98
03-17-95	5	PUT 100 SAFECARD SERVICES INC EXP 03-18-95 @ 20 CLOSING TRANSACTION	786421900	223.74
03-17-95	5	PUT 100 SAFECARD SERVICES INC EXP 03-18-95 @ 20 CLOSING TRANSACTION	786421900	223.74
03-20-95	10	PUT 100 ATLANTIC RICHFIELD CO. EXP 03-18-95 @ 110 ARC OB 110 CLOSING TRANSACTION	048825908	.00
03-21-95	5	PUT 100 UAL EXP 04-22-95 @ 95 CLOSING TRANSACTION UNSOLICITED	9025499PS	1,170.95
03-23-95	20	CALL 100 HORSHAM CORPORATION EXP 04-22-95@ 12 1/2 CLOSING TRANSACTION	4409079DV	1,391.45
03-23-95	6	PUT 100 MOTOROLA INC EXP 04-22-95 @ 60 CLOSING TRANSACTION UNSOLICITED ORDER	6200769PL	3,458.38
03-27-95	10	CALL 100 HORSHAM CORPORATION EXP 04-22-95@ 12 1/2 CLOSING TRANSACTION UNSOLICITED ORDER	4409079DV	671.47
03-28-95	8	PUT 100 TELEFONOS DE MEXICO EXP 04-22-95 @ 30 CLOSING TRANSACTION UNSOLICITED	8794039PF	1,051.48
04-13-95	3	PUT 100 INT'L BUSINESS MACHINE EXP 04-22-95 @ 85 CLOSING TRANSACTION	4592009PQ	89.74
04-13-95	3	PUT 100 INT'L BUSINESS MACHINE EXP 04-22-95 @ 85 CLOSING TRANSACTION	4592009PQ	96.25
05-10-95	6	PUT 100 SAFEWAY INC. EXP 09-16-95 @ 35 OPENING TRANSACTION UNSOLICITED ORDER	7865149UG	476.48

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038 020078
STATEMENT FOR THE ACCOUNT OF:
JAMES P MORAN JR AND
MARY MORAN JTTEN

ACCOUNT NUMBER: 038-893150
SOC. SEC. NO. : 030-32-3146

EQUITY OPTIONS TRANSACTIONS (NOT REPORTABLE TO THE IRS)

TRADE/ENTRY DATE	QUANTITY	SECURITY DESCRIPTION	CUSIP NUMBER	PROCEEDS
05-10-95	4	PUT 100 SAFEWAY INC. EXP 09-16-95 @ 35 OPENING TRANSACTION UNSOLICITED ORDER	7865149UG	319.99

TOTAL EQUITY OPTIONS TRANSACTIONS 30,075.84

SECURITIES PURCHASED IN 1995 (NOT REPORTABLE TO THE IRS)

TRADE/ENTRY DATE	QUANTITY	SECURITY DESCRIPTION	CUSIP NUMBER	COST LESS ACCRUED INTEREST PURCHASED
01-06-95	20	PUT 100 MARTIN MARIETTA EXP 02-18-95 @ 45 OPENING TRANSACTION	5729009NI	1,358.50
01-09-95	1	PUT 100 COMPUTER SCIENCES EXP 02-18-95 @ 50 OPENING TRANSACTION	2053639NJ	210.50
01-09-95	1	PUT 100 COMPUTER SCIENCES EXP 02-18-95 @ 50 OPENING TRANSACTION	2053639NJ	210.50
01-09-95	1	PUT 100 COMPUTER SCIENCES EXP 02-18-95 @ 50 OPENING TRANSACTION	2053639NJ	210.50
01-09-95	3	PUT 100 COMPUTER SCIENCES EXP 02-18-95 @ 50 OPENING TRANSACTION	2053639NJ	635.00
01-10-95	10	PUT 100 MCDONNELL DOUGLAS EXP 02-18-95@ 46 5/8 OPENING TRANSACTION	5801699NW	1,078.50
01-20-95	12	PUT 100 TELEFONOS DE MEXICO EXP 02-18-95 @ 35 OPENING TRANSACTION	8794039NG	2,484.50
02-01-95	10	CALL 100 TELEFONOS DE MEXICO EXP 02-18-95 @ 35 OPENING TRANSACTION UNSOLICITED ORDER	8794039BG	1,391.00
02-09-95	20	PUT 100 INTEL EXP 02-18-95 @ 75 OPENING TRANSACTION UNSOLICITED	4581409ND	858.50
02-09-95	10	PUT 100 TELEFONOS DE MEXICO EXP 06-20-95 @ 30 OPENING TRANSACTION UNSOLICITED	8794039QF	1,578.50
02-09-95	10	PUT 100 TEXAS INSTRUMENTS EXP 02-18-95 @ 75 OPENING TRANSACTION UNSOLICITED	8825089ND	420.00

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*** TAX INFORMATION STATEMENT ***
FOR THE PERIOD BEGINNING JANUARY 1, 1995 AND ENDING DECEMBER 31, 1995

038 020078
STATEMENT FOR THE ACCOUNT OF:
JAMES P MORAN JR AND
MARY MORAN JTTEN

ACCOUNT NUMBER: 038-983150
SOC. SEC. NO. : 030-32-3146

SECURITIES PURCHASED IN 1995 (NOT REPORTABLE TO THE IRS)

TRADE/ENTRY DATE	QUANTITY	SECURITY DESCRIPTION	CUSIP NUMBER	COST LESS ACCRUED INTEREST PURCHASED
02-09-95	20	PUT 100 TEXAS INSTRUMENTS EXP 02-18-95 @ 75 OPENING TRANSACTION UNSOLICITED	[illegible]	843.50
02-21-95	1	PUT 100 TEXAS INSTRUMENTS EXP 03-18-95 @ 80 OPENING TRANSACTION	88250890P	304.25
02-21-95	1	PUT 100 TEXAS INSTRUMENTS EXP 03-18-95 @ 80 OPENING TRANSACTION	88250890P	304.25
02-21-95	1	PUT 100 TEXAS INSTRUMENTS EXP 03-18-95 @ 80 OPENING TRANSACTION	88250890P	304.25
02-21-95	1	PUT 100 TEXAS INSTRUMENTS EXP 03-18-95 @ 80 OPENING TRANSACTION	88250890P	304.25
02-21-95	2	PUT 100 TEXAS INSTRUMENTS EXP 03-18-95 @ 80 OPENING TRANSACTION	[illegible]	612.00
02-27-95	10	PUT 100 ATLANTIC RICHFIELD CO. EXP 03-18-95 @ 110 OPENING TRANSACTION UNSOLICITED	04882590B	1,703.50
03-01-95	4	PUT 100 APPLE COMPUTER INC. EXP 03-18-95 @ 40 OPENING TRANSACTION UNSOLICITED ORDER	03783390H	633.50
03-01-95	6	PUT 100 APPLE COMPUTER INC EXP 03-18-95 @ 40 OPENING TRANSACTION UNSOLICITED ORDER	03783390H	945.00
03-01-95	1	PUT 100 TEXAS INSTRUMENTS EXP 03-18-95 @ 80 OPENING TRANSACTION UNSOLICITED ORDER	88250890P	240.00
03-01-95	[illegible]	PUT 100 TEXAS INSTRUMENTS EXP 03-18-95 @ 80 OPENING TRANSACTION UNSOLICITED ORDER	88250890P	480.00
03-01-95	2	PUT 100 TEXAS INSTRUMENTS EXP 03-18-95 @ 80 OPENING TRANSACTION UNSOLICITED ORDER	88250890P	483.50
03-06-95	7	CALL 100 HORSHAM CORPORATION EXP 04-22-95@ 12 1/2 OPENING TRANSACTION UNSOLICITED	44090790V	731.50
03-08-95	7	CALL 100 HORSHAM CORPORATION EXP 04-22-95@ 12 1/2 OPENING TRANSACTION UNSOLICITED	44090790V	731.50

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***** TAX INFORMATION STATEMENT *****
FOR THE PERIOD BEGINNING JANUARY 1, 1995 AND ENDING DECEMBER 31, 1995

038 020078
STATEMENT FOR THE ACCOUNT OF:
JAMES P MORAN JR AND
MARY MORAN JTTEN

ACCOUNT NUMBER: 038-993150
SOC. SEC. NO. : 030-32-3146

SECURITIES PURCHASED IN 1995 (NOT REPORTABLE TO THE IRS)

TRADE/ENTRY DATE	QUANTITY	SECURITY DESCRIPTION	CUSIP NUMBER	COST LESS ACCRUED INTEREST PURCHASED
03-08-95	8	CALL 100 HORSHAM CORPORATION EXP 04-22-95@ 12 1/2 OPENING TRANSACTION UNSOLICITED	4408078DV	836.00
03-08-95	8	CALL 100 HORSHAM CORPORATION EXP 04-22-95@ 12 1/2 OPENING TRANSACTION UNSOLICITED	4408078DV	839.50
03-08-95	8	PUT 100 TEXAS INSTRUMENTS EXP 03-18-95 @ 85 OPENING TRANSACTION UNSOLICITED ORDER	88250890Q	1,706.75
03-13-95	20	PUT 100 SAFECARD SERVICES INC EXP 03-18-95 @ 20 OPENING TRANSACTION UNSOLICITED ORDER	78642190D	2,358.50
03-20-95	6	PUT 100 MOTOROLA INC. EXP 04-22-95 @ 60 OPENING TRANSACTION UNSOLICITED	6200769PL	3,366.50
03-20-95	6	PUT 100 UAL EXP 04-22-95 @ 95 OPENING TRANSACTION UNSOLICITED	9025489PS	2,016.50
03-21-95	6	PUT 100 TELEFONOS DE MEXICO EXP 04-22-95 @ 30 OPENING TRANSACTION UNSOLICITED	8794039PF	2,473.50
04-10-95	6	PUT 100 INT'L BUSINESS MACHINE EXP 04-22-95 @ 85 OPENING TRANSACTION UNSOLICITED	4592009PQ	673.50
04-13-95	10	PUT 100 SAFEWAY INC. EXP 09-16-95 @ 35 OPENING TRANSACTION UNSOLICITED	7865149UG	2,886.00

TOTAL SECURITIES PURCHASED IN 1995 .... 36,233.75

REFER TO THE ENCLOSURE FOR INSTRUCTIONS AND ADDITIONAL INFORMATION

END OF STATEMENT

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887
One North Jefferson, St. Louis, Mo 63103
Member SIPC

IMPORTANT TAX DOCUMENT

Account Number 071-330249-064 **JAMES P MORAN** **Tax Period** 01/01/95 to 12/31/95

CAPITAL TRANSACTIONS SUMMARY

SECURITY TRANSACTIONS

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
01/03	SOLD	3	PUT TMX JAN 40 TELEFONOS DE MEXICO S.A. DE C.V. ADR REPRESENTING SER L	879404MH1	6,139.09
01/03	SOLD	6	CALL TOY JAN [illegible] TOYS "R" US INC	892336AF5	760 84
01/06	BOUGHT	6	PUT MD FEB 43 375 MCDONNELL DOUGLAS CORP	580170NX2	1,421.06
01/06	BOUGHT	9	PUT SPX JAN 4[illegible] NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816ML7	2,920 73
01/06	BOUGHT	[illegible]	PUT SCA FEB [illegible] SURGICAL CARE AFFILIATES INC	868819ND1	1,349.20
01/06	BOUGHT	6	PUT TAN FEB 50 TANDY CORPORATION	875383NJ6	1,497.05
01/13	BOUGHT	[illegible]	PUT SPX JAN 460 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816ML7	533.15
01/19	SOLD	[illegible]	PUT SPX JAN 460 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816ML7	68 24
01/19	SOLD	6	PUT NKE FEB 75 NIKE INC CLASS B	654107NO5	2,092.97
01/19	BOUGHT	1[illegible]	PUT TMX FEB 35 TELEFONOS DE MEXICO S A. DE C V ADR REPRESENTING SER L	879404NG2	2,294.57
01/24	SOLD	6	PUT MD FEB 43 375 MCDONNELL DOUGLAS CORP	580170NX2	513.05
01/24	SOLD	6	PUT TAN FEB 50 TANDY CORPORATION	875383NJ6	2,240.99
01/24	BOUGHT	[illegible]	PUT TMX FEB 35 TELEFONOS DE MEXICO S.A DE C.V ADR REPRESENTING SER L	879404NG2	2,907.10
01/31	BOUGHT	2	CALL SPX FEB 475 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816BO3	3,411.70
01/31	SOLD	[illegible]	PUT TMX FEB 35 TELEFONOS DE MEXICO S.A. DE C V ADR REPRESENTING SER L	879404NG2	4,246.00
02/01	BOUGHT	[illegible]	CALL OEX FEB 440 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791BH8	5,179 40

*Transactions with an asterisk (*) following the dollar amount are reported to the IRS and included in the 1099-B totals.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887
One North Jefferson, St. Louis, Mo 63103
Member SIPC

IMPORTANT TAX DOCUMENT

Account Number 071-330249-064 **JAMES P MORAN** **Tax Period** 01/01/95 to 12/31/95

CAPITAL TRANSACTIONS SUMMARY (CONTINUED)

SECURITY TRANSACTIONS (CONTINUED)

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
02/01	BOUGHT	5	CALL TMX FEB 35 TELEFONOS DE MEXICO S.A. DE C.V. ADR REPRESENTING SER L	879404BG5	680.25
02/01	SOLD	20	PUT TMX FEB 35 TELEFONOS DE MEXICO S.A. DE C.V ADR REPRESENTING SER L	879404NG2	2,964.34
02/03	SOLD	20	CALL SPX FEB 475 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816BO3	10,020.27
02/03	SOLD	10	CALL OEX FEB 440 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791BH8	6,844.52
02/06	SOLD	10	CALL OEX FEB 440 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791BH8	7,339 75
02/06	SOLD	5	CALL TMX FEB 35 TELEFONOS DE MEXICO S.A. DE C.V. ADR REPRESENTING SER L	879404BG5	306 40
02/07	BOUGHT	6	PUT NDX FEB 420 CBOE NASDAQ 100 INDEX OPTION OPEN SETTLEMENT-EUROPEAN STYLE	124962ND9	2,180.96
02/07	BOUGHT	20	PUT DEC FEB 35 DIGITAL EQUIPMENT CORP	253850NG2	955.30
02/07	BOUGHT	20	PUT MER MAR 40 MERRILL LYNCH & CO	590189OH4	2,907.10
02/07	BOUGHT	20	PUT OEX FEB 450 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791NJ1	11,741.28
02/07	SOLD	20	PUT SCA FEB 20 SURGICAL CARE AFFILIATES INC	868819ND1	91.99
02/07	BOUGHT	30	PUT TMX FEB 35 TELEFONOS DE MEXICO S.A. DE C.V. ADR REPRESENTING SER L	879404NG2	4,337.95
02/08	BOUGHT	6	PUT NDX FEB 420 CBOE NASDAQ 100 INDEX OPTION OPEN SETTLEMENT-EUROPEAN STYLE	124962ND9	1,801.01
02/09	SOLD	12	PUT NDX FEB 420 CBOE NASDAQ 100 INDEX OPTION OPEN SETTLEMENT-EUROPEAN STYLE	124962ND9	1,985.37
02/10	SOLD	20	PUT DEC FEB 35 DIGITAL EQUIPMENT CORP	253850NG2	675.97

*Transactions with an asterisk (*) following the dollar amount are reported to the IRS and included in the 1099-B totals.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

IMPORTANT TAX DOCUMENT

Account Number 071-330249-064 JAMES P MORAN **Tax Period** 01/01/95 **to** 12/31/95

CAPITAL TRANSACTIONS SUMMARY (CONTINUED)

SECURITY TRANSACTIONS (CONTINUED)

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
02/10	SOLD	10	PUT OEX FEB 450 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791NJ1	5,358.85
02/15	SOLD	10	PUT OEX FEB 450 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791NJ1	1,031.91
02/15	SOLD	20	PUT TMX FEB 35 TELEFONOS DE MEXICO S A DE C V. ADR REPRESENTING SER L	879404NG2	8,782.22
02/16	BOUGHT	25	PUT NDX FEB 430 CBOE NASDAQ 100 INDEX OPTION OPEN SETTLEMENT-EUROPEAN STYLE	124962NF4	2,991.77
02/16	BOUGHT	20	PUT SPX FEB 485 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816NQ5	2,780.95
02/16	SOLD	5	PUT TMX FEB 35 TELEFONOS DE MEXICO S.A. DE C.V. ADR REPRESENTING SER L	879404NG2	3,162.59
02/17	SOLD	25	PUT NDX FEB 430 CBOE NASDAQ 100 INDEX OPTION OPEN SETTLEMENT-EUROPEAN STYLE	124962NF4	1,762.57
02/17	SOLD	20	PUT SPX FEB 485 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816NQ5	1,179.24
02/17	SOLD	5	PUT TMX FEB 35 TELEFONOS DE MEXICO S A. DE C.V. ADR REPRESENTING SER L	879404NG2	2,358.24
02/21	BOUGHT	6	PUT BAC APR 50 BANKAMERICA CORP	066051PJ6	1,725.02
02/21	BOUGHT	6	PUT NDX MAR 430 CBOE NASDAQ 100 INDEX OPTION OPEN SETTLEMENT-EUROPEAN STYLE	124962OF3	5,817.90
02/22	EXPIRED	25	PUT NDX FEB 430 CBOE NASDAQ 100 INDEX OPTION OPEN SETTLEMENT-EUROPEAN STYLE	124962NF4	0.00
02/22	EXPIRED	20	PUT SPX FEB 485 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816NQ5	0.00
02/23	EXPIRED	25	PUT NDX FEB 430 CBOE NASDAQ 100 INDEX OPTION OPEN SETTLEMENT-EUROPEAN STYLE	124962NF4	0.00
02/23	SOLD	6	PUT NDX MAR 430 CBOE NASDAQ 100 INDEX OPTION OPEN SETTLEMENT-EUROPEAN STYLE	124962OF3	2,611.43

*Transactions with an asterisk (*) following the dollar amount are reported to the IRS and included in the 1099 B totals

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887
One North Jefferson, St. Louis, Mo 63103
Member SIPC

IMPORTANT TAX DOCUMENT

Account Number 071-330249-064 **JAMES P MORAN** **Tax Period** 01/01/95 to 12/31/95

CAPITAL TRANSACTIONS SUMMARY (CONTINUED)

SECURITY TRANSACTIONS (CONTINUED)

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
02/23	EXPIRED	20	PUT SPX FEB 485 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816NQ5	0.00
02/24	BOUGHT	10	PUT SPX MAR 490 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816OR2	4,882.30
02/27	BOUGHT	20	PUT CC MAR 22.5 CIRCUIT CITY STORES INC	172738OX9	2,654.80
02/27	BOUGHT	5	PUT TXN MAR 80 TEXAS INSTRUMENTS INC	882509OP2	1,566.80
02/28	BOUGHT	5	PUT AIG MAR 105 AMERICAN INTL GROUP INC	026875OA7	1,313.50
02/28	BOUGHT	5	PUT DEC MAR 35 DIGITAL EQUIPMENT CORP	253850OG1	1,123.52
02/28	BOUGHT	10	PUT RD MAR 115 ROYAL DUTCH PETROLEUM CO NEW NY REGISTRY SH PAR N GLDR 5	780258OC8	2,737.75
03/02	SOLD	5	PUT AIG MAR 105 AMERICAN INTL GROUP INC	026875OA7	1,063.11
03/02	SOLD	5	PUT BAC APR 50 BANKAMERICA CORP	066051PJ6	1,389.92
03/02	BOUGHT	30	PUT TMX MAR 25 TELEFONOS DE MEXICO S.A. DE C.V. ADR REPRESENTING SER L	879404OE6	2,016.50
03/07	SOLD	2	PUT DEC MAR 35 DIGITAL EQUIPMENT CORP	253850OG1	613.11
03/07	SOLD	5	PUT SPX MAR 490 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816OR2	4,648.74
03/07	SOLD	5	PUT TXN MAR 80 TEXAS INSTRUMENTS INC	882509OP2	125.24
03/08	BOUGHT	50	CALL FCX MAR 22.5 FREEPORT-MCMORAN COPPER & GOLD CLASS A	35671DCX1	2,038.10
03/08	SOLD	10	PUT MER MAR 40 MERRILL LYNCH & CO	590189OH4	330.68
03/09	SOLD	30	PUT TMX MAR 25 TELEFONOS DE MEXICO S.A. DE C.V. ADR REPRESENTING SER L	879404OE6	3,168.83
03/13	BOUGHT	30	CALL FCX MAR 22.5 FREEPORT-MCMORAN COPPER & GOLD CLASS A	35671DCX1	637.85

*Transactions with an asterisk (*) following the dollar amount are reported to the IRS and included in the 1099-B totals.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

A.G. Edwards & Sons, Inc. One North Jefferson, St. Louis, Mo 63103
INVESTMENTS SINCE 1887
Member SIPC
Page 6 of 7

IMPORTANT TAX DOCUMENT

Account Number 071-330249-064 **JAMES P MORAN** **Tax Period** 01/01/95 to 12/31/95

CAPITAL TRANSACTIONS SUMMARY (CONTINUED)

SECURITY TRANSACTIONS (CONTINUED)

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
03/13	BOUGHT	20	PUT SPX MAR 490 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816OR2	4,420.90
03/15	SOLD	3	PUT DEC MAR 35 DIGITAL EQUIPMENT CORP	253850OG1	853.57
03/15	SOLD	20	PUT SPX MAR 490 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816OR2	913.36
03/16	SOLD	5	PUT SPX MAR 490 NEW S & P 500 INDEX OPEN SETTLE/EUROPEAN STYLE	648816OR2	44.49
03/22	EXPIRED	20	PUT CC MAR 22.5 CIRCUIT CITY STORES INC	172738OX9	0.00
03/22	EXPIRED	80	CALL FCX MAR 22.5 FREEPORT-MCMORAN COPPER & GOLD CLASS A	35671DCX1	0.00
03/22	BOUGHT	10	PUT IBM APR 80 INTL BUSINESS MACHINES CORP	459201PP8	1,091.40
03/22	EXPIRED	10	PUT MER MAR 40 MERRILL LYNCH & CO	590189OH4	0.00
03/22	EXPIRED	10	PUT RD MAR 115 ROYAL DUTCH PETROLEUM CO NEW NY REGISTRY SH PAR N GLDR 5	780258OC8	0.00
03/22	BOUGHT	1	PUT TMX APR 30 TELEFONOS DE MEXICO S.A. DE C.V. ADR REPRESENTING SER L	879404PF2	456.00
03/24	SOLD	10	PUT IBM APR 80 INTL BUSINESS MACHINES CORP	459201PP8	271.33
03/24	SOLD	1	PUT TMX APR 30 TELEFONOS DE MEXICO S.A. DE C.V. ADR REPRESENTING SER L	879404PF2	193.99
03/31	BOUGHT	6	CALL HSM APR 12.5 HORSHAM CORP SUB VTG	440908DV0	889.13
04/12	SOLD	6	CALL HSM APR 12.5 HORSHAM CORP SUB VTG	440908DV0	538.82
05/30	BOUGHT	1	CALL OEX JUN 495 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791FS0	593.50
06/01	SOLD	1	CALL OEX JUN 495 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791FS0	1,217.65
06/01	BOUGHT	2	PUT OEX JUN 505 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791RA6	990.82

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A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887
One North Jefferson, St. Louis, Mo 63103
Member SIPC

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IMPORTANT TAX DOCUMENT

Account Number 071-330249-064 **JAMES P MORAN** **Tax Period** 01/01/95 to 12/31/95

CAPITAL TRANSACTIONS SUMMARY (CONTINUED)

SECURITY TRANSACTIONS (CONTINUED)

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
06/09	SOLD	2	PUT OEX JUN 505 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791RA6	909.14
06/13	BOUGHT	3	PUT OEX JUN 510 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791RB4	889.41
06/13	BOUGHT	2	PUT TMX JUN 30 TELEFONOS DE MEXICO S.A. DE C.V. ADR REPRESENTING SER L	879404RF0	230.92
06/16	SOLD	2	PUT TMX JUN 30 TELEFONOS DE MEXICO S.A. DE C.V. ADR REPRESENTING SER L	879404RF0	143.99
06/21	EXPIRED	3	PUT OEX JUN 510 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791RB4	0.00

*Transactions with an asterisk (*) following the dollar amount are reported to the IRS and included in the 1099-B totals.

TOTAL GROSS PROCEEDS FROM SECURITIES - NOT REPORTED 88,962.81

* * * * * E N D O F S T A T E M E N T * * * * *

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 15 AM 10:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

HAND DELIVERED

MC

(Office Use Only)

CONSTANCE A. MORELLA
(Full Name)

106 CANNON BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

202-225-5341
(Daytime Telephone)

Filer Status: ☑ Member of the U.S. House of Representatives — State MARYLAND District 8 ☐ Officer or Employee — Employing Office

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period?
If yes, complete and attach Schedule I. Yes ☑ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
If yes, complete and attach Schedule II. Yes ☐ No ☑

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period?
If yes, complete and attach Schedule III. Yes ☑ No ☐

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period?
If yes, complete and attach Schedule IV. Yes ☑ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period?
If yes, complete and attach Schedule V. Yes ☑ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)?
If yes, complete and attach Schedule VI. Yes ☐ No ☑

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)?
If yes, complete and attach Schedule VII. Yes ☑ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
If yes, complete and attach Schedule VIII. Yes ☑ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX. Yes ☐ No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☑

EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) Yes ☐ No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL: Constance A. Morella

DATE (Month/Day/Year): MAY 15, 1996

Name CONSTANCE A. MORELLA | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	AMERICAN UNIVERSITY, WASHINGTON, D.C.	SPOUSE SALARY	NA
	HEWES, MORELLA, GELBAND & LAMBERTON, P.C., WASHINGTON, D.C.	SPOUSE SALARY	NA
	STATE OF MARYLAND	TEACHER/LEGISLATOR PENSION & ANNUITY	$17,491

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Constance A. Morella

Page 3 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	AMETEK, INC.			X									X							X									
	BRISTOL-MYERS SQUIBB		X										X							X									S
	COMSAT CORP.		X										X							X									
	EXXON CORP.			X									X							X									P
	GIANT FOOD, INC.			X									X							X									
	HECHINGER CO.		X										X						X										S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Constance A. Morella

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	MERCK & CO.			X									X							X									
	MINNESOTA MINING			X									X							X									
	MORGAN, J.P. & CO.			X									X							X									
	NEW PLAN REALTY TRUST			X									X								X								
	PFIZER INC.			X									X							X									
	USX - MARATHON		X										X							X									
	STORAGE TECH CONV. SUB			X									X								X								
	SCHWAB MONEY MKT FUND		X												X						X								
SP	OCCIDENTAL PETROL		X										X							X									
SP	POTOMAC ELECTRIC PWR CO		X										X							X									
SP	U.S.F&G CORP.		X										X						X										P
SP	SCHWAB MONEY MKT FUND		X												X					X									
SP	AMEX IRA IDS FUND		X												X				NA										
SP	NATIONS BANK : IRA			X											X				NA										
SP	CONSUMERS UNITED DEF.		X												X				NA										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CONSTANCE A. MORELLA

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	TIAA-CREF RETIREMENT ANNUITY						X								X				NA										
	NATIONS BANK : IRA			X											X				NA										
	CONSUMERS UNITED DEF		X												X				NA										
JT	U.S. SAVINGS BONDS			X											X				NA										
	EAST CAMBRIDGE SAVINGS BANK			X											X					X									
JT	607 TWINBROOK PKWY, ROCKVILLE, MD					X													NA										

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Name CONSTANCE A. MORELLA

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	HECHINGER CO.		X		2-7-95	X									
	BRISTOL-MYERS SQUIBB CO		X		9-1-95	X									
	EXXON CORP.	X			8.25-95		X								
SP	U.S. F & G CORP.	X			1-3-95	X									

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Name CONSTANCE A. MORELLA | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	CAPSTEAD MORTGAGE FINANCE CO	MORTGAGE ON 6601 MILLWOOD RD BETHESDA, MD			X							
SP	INLAND MORTGAGE CO.	CO-MAKER, PROMISSORY NOTE 506 LINTHICUM ST, ROCKVILLE, MD			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name CONSTANCE A. MORELLA

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash, D C —Chicago—Wash D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash, D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
ASPEN INSTITUTE:							
	PARENTING CHILDREN CONF.	FEB. 17-20	WASH, D.C.-NAPLES, FLA-WASH	Y	Y	Y	N
	U.S.-RUSSIA PARLIAMENTARIAN CONFERENCE (MEMBER PARTICIPANT)	MAY 30-JUNE 4	WASH, D.C-MADRID-WASH, D.C	Y	Y	Y	N
GLAMOUR MAGAZINE:							
	1995 WOMEN OF THE YEAR AWARDS RECIPIENT	NOV 9-10	WASH, D.C-N.Y.C.-WASH., D.C.	Y	Y	N	N

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Name CONSTANCE A. MORELLA

Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
ADVISORY BOARD	CAFRITZ FOUNDATION, WASHINGTON, D.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22–642 (mac)

Use additional sheets if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CONSTANCE A. MORELLA

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income √ mc										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	TIAA-CREF RETIREMENT ANNUITY						X								X				NA										
	NATIONS BANK: IRA			X											X				NA										
	CONSUMERS UNITED DEF		X												X				NA										
JT	U.S. SAVINGS BONDS			X											X				NA										
	EAST CAMBRIDGE SAVINGS BANK			X											X					X									
JT	607 TWINBROOK PKWY, ROCKVILLE, MD					X													NA										
JT	VAN KAMPEN MERIT *		X												X					X									
SP	STOCK: HEWES, MORELLA, GELBAND & LAMBERTON, P.C. *	X																	NA										
	MD STATE DEFERRED COMP *			X											X				NA										

LEGISLATIVE RESOURCE CENTER
96 MAY 22 AM 9:10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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* AMENDED 5.22.96 CAH

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
③ 96 MAY 15 AM 11:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

JOHN P. MURTHA, JR.
(Full Name)

109 COLGATE AVENUE
JOHNSTOWN, PA 15905
(Mailing Address)

Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State PA, District 12TH	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL
X

DATE (Month/Day/Year)
5/08/96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN P. MURTHA, JR.

Page 2 of 3

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 - $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 - $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples SP Mega Corp Stock				X								X							X									P
DC	123 Main St , Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	CHARLES SCHWAB		X										X						X										
SP	CONGRESSIONAL F.C.U.		X												X					X									
	WESBANCO, INC.			X									X							X									
	CENWEST NATIONAL BANK		X												X				N/A - IRA										
SP	CENWEST NATIONAL BANK		X												X				N/A - IRA										
	CONGRESSIONAL F.C.U.		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN P. MURTHA, JR.

Page 3 of 3

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	MENTOR GROWTH TRUST, INC.		X													X					X								
SP	J. R. FINDEISEN (PARENTS ESTATE)		X												X					X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(9)

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mc HAND DELIVERED
(Office Use Only)

JOHN THOMAS MYERS
(Full Name)

2372 Rayburn Building
(Mailing Address)

202 2255805
Daytime Telephone

Filer Status: ☒ Member of the U.S. House of Representatives — State Indiana — District 7 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period?
If yes, complete and attach Schedule I. Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
If yes, complete and attach Schedule II. Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period?
If yes, complete and attach Schedule III. Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period?
If yes, complete and attach Schedule IV. Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period?
If yes, complete and attach Schedule V. Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)?
If yes, complete and attach Schedule VI. Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)?
If yes, complete and attach Schedule VII. Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
If yes, complete and attach Schedule VIII. Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX. Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6 §104)

SIGNATURE OF REPORTING INDIVIDUAL John Thomas Myers

May 15, 1996
DATE (Month/Day/Year)

Name JOHN THOMAS MYERS

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontano County Board of Education	Spouse Salary	NA
	Bank of Western Indiana	Spouse Director fee	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name John Thomas Myers | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Thomas Myers

Page 4 **of** 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Covington Service Corp		X										X						X										
	The Fountain Trust Company					X							X								X								
JT	GTE		X										X						X										
JT	IBM		X										X						X										
JT	Lilly		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Thomas Myers

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Indiana Energy			X									X								X								
JT	Southern Indiana Gas & Electric				X								X									X							
JT	TRW				X								X								X								
JT	WALMART		X										X							X									
JT	W.M. Wrigley		X										X							X									
JT	Bank of Western Indiana CD					X									X								X						
	Fountain Co IN Farm							X																X					
SP	Illinois Oil Wells			X																X									
JT	Bank of Western Indiana IRAs			X											X						X								
JT	American Mutual Insurance		X												X					X									
SP	Carruthers Estate			X											X						X								
JT	Old National Bancorp							X					X											X					

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SCHEDULE IV — TRANSACTIONS

Name John Thomas Myers

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			11-12-95		X								
JT	Indiana Energy	X			Dividend reinvest	X									
JT	Southern Indiana Gas & Electric	X			"	X									
JT	W.M. Wrigley	X			"	X									
JT	Old National Bancorp	X			"			X							

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Name John Thomas Myers **Page** 7 **of** 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

			Amount of Liability									
SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name John Thomas Myers

Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycraft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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Name John Thomas Myers | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

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Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Sue Myrick (Full Name)
505 N. Poplar St.
Charlotte, NC 28202 (Mailing Address)
Daytime Telephone 202-225-1976

MC HAND DELIVERED
(Office Use Only)

Filer Status ☒ Member of the U S House of Representatives — State NC District 09 ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Sue Myrick

DATE (Month/Day/Year) 5/15/96

Name Sue Myrick

Page 1 of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Myrick Enterprises	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Sue Myrick | Page 2 of _

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug 13, 1994	$500
Int'l Women's Friendship Conference - DC	speech	Feb. 10, 1995	$2,000.00
" " " " "	"	Feb. 16, 1995	$2,000.00
Lee College - Cleveland, TN	Commencement speech	May 5, 1995	$2,000.00
Heidelberg College - Tiffin, Ohio	Baccalaureate "	May 14, 1995	—
Int'l Women's Friendship Conference - DC	speech	Sep. 30, 1995	2,000.00

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Name Sue Myrick   Page 3 of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

				A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP,	Examples	SP	Mega Corp. Stock				X								X							X									P
DC,			123 Main St., Dover, Del.							X						X											X				
JT			1st Bank of Paducah, KY accounts					X									X							X							
JT	310 W. 8th St/505 N. Poplar St								X																						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sue Myrick

Page 4 of

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P S E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	

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SCHEDULE IV — TRANSACTIONS

Name Sue Myrick

Page 5 of __

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	0														

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Name Sue Myrick | Page 6 of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP DC JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22-23.

	Source	Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	0		

Use additional sheets if more space is required.

Name Sue Myrick | Page 7 of __

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Lee College		May 5, 1995	Wash DC - Cleveland TN - DC	y	y	N	N
Heidelberg College		May 14, 1995	Wash DC - Tiffin, Ohio - DC	y	y	N	N
Int'l Women's Friendship Conf.		Feb 10, 1995	Wash DC only	N	y	N	N
"		Feb. 16, 1995	" " "	N	y	N	N
National Federation of Republican Women		May 17, 1995	Wash DC - Albuquerque NM - DC	y	y	N	N
First Ladies Prayer Bfst		Sep. 25, 1995	Charlotte NC - Asheville NC to Charlotte NC	y	y	N	N
Int'l Women's Friendship Conf.		Sep 30, 1995	Wash DC only	N	N	N	N
Friends of Newt		Oct 28, 1995	Charlotte NC - Atlanta GA - Charlotte, NC	y	y	N	N

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Name Sue Myrick | Page 8 of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
none	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
	none	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 12:45
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

Jerrold Lewis Nadler
(Full Name)

315 West 70th Street, Apt. 3C
New York, N.Y. 10023
(Mailing Address)

(202) 225-5635
(202) 334-3207
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State: N.Y. District: 8th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL: Jerrold Nadler

DATE (Month/Day/Year): 5/12/96

Name Jerrold Lewis Nadler Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	New York State Comptroller's Office	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Jerrold Lewis Nadler

Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14-20

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: SP Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
SP	SMITH BARNEY MONEY FUND		X										X							X									
SP	N.Y. City G.O. Bond			X											X						X								S
SP	N.Y.S. Energy Research + Dev. Auth. Bond			X											X						X								
SP	Chemical Bank Account		X												X				X										
JT	State of Israel Bond	X													X				X										P
SP	Eott Energy Partners, L.P.		X										partnership income						X										

For additional assets and unearned Income, use next page.

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name Jerrold Lewis Nadler

Page 4 of 7

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
DC	Metropolitan Transportation Authority Bond			X											X						X								
DC	Republic Bank		X												X				X										
DC	N.Y. City Bond		X												X				X										
DC	Smith Barney Money Funds Inc.			X									X							X									
DC	Amerigas Partners, L.P.		X										Partnership income						X										P
DC	Histadrut Charitable Remainder Trust		X												X				X										
DC	U.S. Savings Bonds		X												X				X										

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SCHEDULE IV — TRANSACTIONS

Name Jerrold Lewis Nadler

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
SP	N.Y. City G.O. Bond	prerefund			10/1/95		X								
SP	Eott Energy Partners, L.P.	X			12/5/95	X									
DC.	Amerigas Partners, L.P.	X			4/12/95	X									

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Name Jerrold Lewis Nadler

Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Congressional Federal Credit Union	Revolving charge account	X									
~~SP~~	~~Chemical Bank~~	~~Revolving charge account~~										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name Jerrold Lewis Nadler	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Member, National Governing Council	American Jewish Congress
Vice President	Americans for Democratic Action
Co-Chairman	New York Task Force on the Port, Rail, and Industrial Development
	(all above unpaid)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information see Instructions, page 26

Date	Parties To	Terms of Agreement
	NONE	

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(4)

96 MAY 15 AM 10: 14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

Richard E. Neal (Full Name)

2431 Rayburn House Office Building
Washington, D.C. 20515 (Mailing Address)

(202) 225-5601 (Daytime Telephone)

Filer Status	☒ Member of the U S House of Representatives State MA District 2nd	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S.C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Richard Neal

DATE (Month/Day/Year) 5/14/96

Name Richard E. Neal

Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totaling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	City of Springfield School Department	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Name Richard E. Neal | **Page** 3 **of** 4

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Coalition Against Regressive Taxation, Wash., D.C.	Speech	May 25, 1995	$2,000
	American Trucking Assoc. Wash., D.C.	Speech	June 22, 1995	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard E. Neal

Page 4 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP Examples	SP Mega Corp Stock				X								X							X									P
DC Examples	123 Main St., Dover, Del							X						X											X				
JT Examples	1st Bank of Paducah, KY accounts					X									X							X							
	Springfield Inst. for Savings, MA		X												X					X									
	Springfield MA Munc. Empl C/U	X													X				X										
	Congressional Credit Union, DC	X													X				X										

For additional assets and unearned Income, use next page.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

George R. Nethercutt, Jr.
(Full Name)

1527 Longworth House Office Bldg.
Washington, D.C. 20515
(Mailing Address)

Daytime Telephone (202) 225-2006

Filer Status ☒ Member of the U.S. House of Representatives State Washington District 5th ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A **$200 *penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL George R. Nethercutt, Jr.

DATE (Month/Day/Year) May 12, 1996

Name George R. Nethercutt Jr

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1 000
	Ontario County Board of Education	Spouse Salary	NA
	United States Senate	Spouse Salary	NA
	Nethercutt Law Offices	Law practice net self employment income	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name George R. Nethercutt, Jr.

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	None	NA	NA	NA

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name George R. Nethercutt, Jr

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
SP	Examples SP Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	E 706 Highland Blvd. Spokane, WA						X							X								X							
	E. 927 Baldwin, Spokane, WA				X									X								X							
	Fan Mar Partnership, Summerville, S.C.				X									X									X						
	Midwest Diamond Baseball Club Ltd. Partnership		X										partnership income						X										
	Carolina Diamond Baseball Club Ltd. Partnership			X									partnership income						X										
SP	Nethercutt Law offices				X								Spouse self employment																
	New Energy Company of Indiana		X																X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name George R. Nethercutt, Jr.

Page 5 of 9

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
	1927 Yankees Investment Club		X										X		X				X										P
	Idaho Housing Bonds		X												X				X										
	Piper Jaffray Money Market		X										X							X									
	Nuveen Premier Muni Income Fund			X									X							X									S
	Kidder Peabody Money Market Fund	X											X						X										
	American Pace Fund A - IRA Van Kampen American Cap. Trust - Custodia		X										NA - IRA						NA										
	Dean Witter American Value IRA			X									NA - IRA						NA										
SP	Dean Witter American Value IRA		X										NA - IRA						NA										
	U.S. Bank Savings Account		X												X				X										
	Alaska unimproved River Lot 14			X									no income						X										
	Capital Guardian Trust Company Growth Fund of America		X										NA - IRA						NA										
	Capital Guardian Trust Company New Perspective Fund		X										NA - IRA						NA										
	Capital Guardian Trust Company European Growth Fund		X										NA - IRA						NA										
	Capital Guardian Trust Company American Mutual Fund			X									NA - IRA						NA										
	Petite Creations, Inc. (Royalty)	X											sale proceeds								X								
SP	Capital Guardian Trust Company New Perspective Fund		X										NA - IRA						NA										

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Name George R. Nethercutt, Jr | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	1927 Yankees Investment Club	X			4-1-95	X									
	E.706 Highland Blvd., Spokane, WA (rental of personal residence)				9-1-95					X					

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Name George R. Nethercutt, Jr | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Washington Mutual Bank, Spokane, WA.	Mortgage on E. 706 Highland, Spokane WA.				X						
	Washington Trust Bank, Spokane, WA	line of credit		X								
	Wachovia National Bank, Summerville, S.C.	Fan-mar mortgage on 300 N. main, Summerville, S.C.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None	NA	NA

Use additional sheets if more space is required.

Name George R. Nethercutt, Jr — Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Tuskegee University	Dec. 3-4	Wash. DC. – Montgomery, Ala – Wash DC.	Y	Y	N	N

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Name George R. Nethercutt, Jr.

Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Trustee	Boots Family Trust, Spokane, WA
Limited Partner	Midwest Diamond Baseball Club, Carolina Diamond Baseball Club
Limited Partner	New Energy Co. of Indiana
Partner	1927 Yankees Investment Club

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
	None	NA

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1994

FORM A

For use by Members, officers, and employees

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY 7 1996
MC
(Office Use Only)

MARK W NEUMANN (Full Name)

4328 FOX HILLS DR.
JANESVILLE, WI 53545 (Mailing Address)

608-752-4050 Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives	State: WI District: 01	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** –Bosnia–	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U S C app 6 §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/4/96

Name K. Adelman | Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
GAMAR, Inc	[illegible] Commission on Options Exercised from Previous Sales	$1,550
Venture Marketing	Final Payment from Proceeds of Sale of Bus Prior to 1/1/85	$712

For payments to charity in lieu of honoraria, use Schedule II.

Name NEUMANN | Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Neumann

Page 4 of 10

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples* Mega Corp Stock				X								X							X									P
	123 Main St, Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Note Rec Brookstone Homes Inc				X										X								X						
	Note Rec. Neumann Homes of IL				X										X								X						
	Note Rec Neumann Realty		X												X						X								
	Note Rec. Ken Neumann	X													X								X						
	Bank One Trust Co., WI		X												X					X									
	CarMar Inc						X						X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NEUMANN

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	RESIDENTIAL 1810-12 GREENVALLEY JANESVILLE WI					X								X									X						
	" 2006 " " "						X							X										X					
	" 4327 WOODCREST DR " "							X						X										X					
	" 4316-18 WOODGATE DR " "					X								X					X										
	" 4410-12 " " " "					X								X									X						
	" 4418-20 " " " "					X								X								X							
	" BRIARCREST DR JANESVILLE WI					X								X								X							
	LOT 19 FOX HILLS " " (PLUS MISC OUTLOTS ATTACHED)			X															X										
	THOMPSON/LINGER/PLUMB		X										X							X									
	KEYSTONE		X										X							X									
	AAL LIFE INSURANCE (CASH VALUE)			X											X						X								
	AAL MUTUAL FUNDS		X																	X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Neumann

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 - $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	*Self Directed IRA																												
	*Baird Blue Chip		X										X		X					X									
	*Baird Cap Dev Fd Inc		X										X		X					X									
	*Dept of Pikeps Opti.		X										X		X					X									
	*[illegible] term Inc		X										X		X					X									
	*United Gov. Secs. Inc Fd.	X											X		X				X	X									
	*Baird Money Market			X											X						X								

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Name Neumann

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	OUTLOT ATTACHED TO LOT 21 FOX HILLS JANESVILLE WI (PERSONAL RESIDENCE LOT 20 FOX HILLS – ACQUIRED OUTLOT NEXT TO HOUSE) (NO ROAD FRONTAGE)	X				X									

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Name Neumann | Page 8 of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Bank One Janesville, WI	Mort. on [illegible]				X						
	Bank One Janesville, WI	" " 4316 [illegible]		~~X~~	X							
	1st Commercial Bank [illegible], WI	" "		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None	

Use additional sheets if more space is required.

Name Neumann | Page 9 of 10

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Security Council/ National Security Caucus		Aug 30 – Sept 3	Chicago – Skokie – Chicago	Y	Y	NO	NO

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Name Neumann | Page 12 of 16

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
	NONE —

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

MARK W. NEUMANN
1st District, Wisconsin

DISTRICT OFFICES

JANESVILLE
One Parker Place, Room 710
Janesville, WI 53545
(608) 752–4050

BELOIT
City Hall
100 State Street
Beloit, WI 53511
(608) 363–0751

ELKHORN
City Hall
9 South Broad Street
Elkhorn, WI 53121
(414) 723–7122

KENOSHA
6530 Sheridan Road, Room 5
Kenosha, WI 53143
(414) 654–1901

RACINE
Racine County Courthouse
730 Wisconsin Avenue
Racine, WI 53403
(414) 637–0510

Congreſs of the United States
House of Representatives
Washington, DC 20515–4901

COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEES
VA, HUD and Independent Agencies
District of Columbia

COMMITTEE ON THE BUDGET

WASHINGTON OFFICE
1725 Longworth Building
Washington, DC 20515
(202) 225–3031

mneumann@hr.house.gov
http://www.house.gov/neumann/

May 22, 1996

①

✓
MC

HAND DELIVERED

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

96 MAY 22 PM 4: 25

LEGISLATIVE RESOURCE CENTER

Hon. Robin H. Carle
Clerk of the House
H-154 The Capitol
Washington, D.C. 20515

Dear Ms. Carle:

I filed a 1994 Financial Disclosure Report on April 25, 1995, and was later informed that I filed an outdated form. I transferred the information to the correct form and re-filed on June 13, 1995. In transferring the information to the correct form I omitted the following:

AAL SEP (AAL Mutual funds) $1,000 - $15,000 Income: $200 - $1,000
AAL Life Ins. $15,000 - $50,000 Income: $1,000 - $2,500

Therefore, I wish to amend my 1994 Financial Disclosure Report to reflect the above information.

Finally, I would like to amend my 1995 Financial Disclosure Report to reflect that in 1995 I owned Ford Motor Notes worth $5,000. These notes matured on March 9, 1995 and the current balance is reflected elsewhere in the self-directed IRA. Income for 1995: $200 - $1,000.

Sincerely,

Mark W. Neumann

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER ⑨
96 MAY 15 PM 4:45
[illegible]

MC HAND DELIVERED (Office Use Only)

Robert William Ney (Full Name)

112 Overlook Ct. St. Clairsville, OH 43950 (Mailing Address) 202-225-6265 (Daytime Telephone)

Filer Status ☒ Member of the U S House of Representatives State Ohio District 18 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10 11) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Robert W. Ney

DATE (Month/Day/Year) May 14, 1996

Name Robert W. Ney

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

Name Robert W. Ney | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

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	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb 2, 1994 Aug 13, 1994	$2,000 $500
	NONE			

This page may be copied if more space is required.

Name Robert W. Ney | Page 7 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: SP Mega Corp. Stock				X								X							X									P
DC	Examples: 123 Main St., Dover, Del.							X						X											X				
JT	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	PERS (TERMINATED)																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert W. Ney

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 - $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name Robert W. Ney

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	PERS (TERMINATED)				NOV-14-95		X								

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Name Robert W. Ney

Page 2 of 2

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE												

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

	Source	Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE		

Use additional sheets if more space is required.

Name Robert W. Ney | Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	CASA (Children's Charity)	April 23 –	Columbus - Houston	Y	Y	N	N
		April 26	Houston - Columbus				

This page may be copied if more space is required.

Name Robert W. Ney | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
96 MAY 13 AM 10:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

11

MC

(Office Use Only)

Eleanor Holmes Norton
(Full Name)

10 Ninth Street, S.E.
Washington, DC 20003
(Mailing Address)

Daytime Telephone (202) 225-8050

Filer Status	☒ Member of the U.S. House of Representatives — State District D.C.	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Eleanor H. Norton

DATE (Month/Day/Year) 5/10/96

Name Eleanor Holmes Norton | **Page** 2 **of** 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Georgetown University	Approved Teaching Fee	$4,511
	Pitney Bowes (This item is not subject to the limit on outside earned income.)	Retirement Fee	$12,000

For payments to charity in lieu of honoraria, use Schedule II.

Name Eleanor Holmes Norton

Page 3 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are not self-directed, you may write "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	B: A None – $1,000	B: B $1,001 – $15,000	B: C $15,001 – $50,000	B: D $50,001 – $100,000	B: E $100,001 – $250,000	B: F $250,001 – $500,000	B: G $500,001 – $1,000,000	B: H $1,000,001 – $5,000,000	B: I $5,000,001 – $25,000,000	B: J $25,000,001 – $50,000,000	B: K Over $50,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	D: I None – $200	D: II $201 – $1,000	D: III $1,001 – $2,500	D: IV $2,501 – $5,000	D: V $5,001 – $15,000	D: VI $15,001 – $50,000	D: VII $50,001 – $100,000	D: VIII $100,001 – $1,000,000	D: IX $1,000,001 – $5,000,000	D: X Over $5,000,000	E: P, S, E
SP	*Examples.* Mega Corp. Stock				X								X							X									P
	Examples. 123 Main St., Dover, Del.							X						X											X				
	Examples. 1st Bank of Paducah, KY accounts					X									X							X							
	Congressional Federal Credit Union			X											X					X									
	Intergen Investors, Ltd.			X									Partnership Income						X										
	Rittenhouse Square Associates		X										Partnership Income						X										
	Star Partners II, Ltd.	X											Partnership Income								X								
	Boston Capital Private Tax Credit Fund		X										Partnership Income						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Romeo, MI Community School District		X																X										
	Cook County, IL School District		X																X										
	Indiana University Rev. Student		X																X										
	LG&E Energy Corp.		X										X							X									
	Washington Gas Light Co.		X										X							X									
	New York Venture Fund			X									X			X					X X								P add'l shares
	RTC Cash Account	X												Income yet to be derived															
	High Equity Partners Series 85		X																										
	Resources Accrued Mortgage Investment Series 86	X																											
	American Cable TV Investors IV		X																										
	High Equity Partners Series 86		X																										
	Technology Funding Venture Ptnrs. IV		X																										
	SunAmerica Mid-Cap Growth Fund Cl. A		X																										P add'l shares

Resources Trust IRA

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

Page 5 **of** 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Resources Trust Qualified Plan	RTC Cash Account	X												Income yet to be derived															
	Synthetic Industries L.P.			X																									
	High Equity Partners Series 85		X																										
	Resources Accrued Mortgage Series 86	X																											
	Westmed 1 LP		X																										
	Rotor Tool LP			X																									
	Star Partners II Ltd.	X																											
	Technology Funding Vemture Ptnrs. IV		X																										
	MC Bottlers	X																											S
	Technology Funding Venture Ptnrs. V			X																									
	MFS Emerging Growth Fund Class B				X																								
	Fidelity Advisor Growth Opportunity Portfolio				X																								P add'l shares

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

Page 6 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Metlife Pension Annuity		X										Income yet to be derived																
	Oxford University Press	Indefinite											Royalty						X										
	TIAA CREF					X							Income yet to be derived																
	SunLife IRA			X									Income yet to be derived																

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Name Eleanor Holmes Norton

Page 7 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	Type of Transaction: SALE	Type of Transaction: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	New York Venture Fund	X			12/15/95	X									
	Fidelity Advisor Growth Opportunity Portfolio	X			12/8/95	X									
	Fidelity Advisor Growth Opportunity Portfolio	X			9/5/95		X								
	MC Bottlers L.P.		X		9/1/95			X							
	MFS Emerging Growth Fund Class B	X			4/3/95	X									

This page may be copied if more space is required.

Name Eleanor Holmes Norton

Page 8 **of** 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Independent Commission for Population and Quality of Life	Feb. 3-7	Wash., D.C. -- Lisbon/Sintra, Portugal -- Wash., D.C.	Y	Y	N	N
	Center for National Policy	April 17	Wash., D.C. -- Philadelphia -- Wash., D.C.	N	Y	N	N
	Goucher College	May 19	Wash., D.C. -- Baltimore, MD -- Wash., D.C.	N	N	N	N
	Middlebury College	May 28	Wash., D.C. -- Middlebury, VT -- Wash., D.C.	N	N	N	N
	Skinner & Associates	July 28-30	Wash., D.C. -- Orlando, FL -- Wash., D.C.	Y	Y	N	N
	National Treasury Employees Union	Aug. 6-13	Wash., D.C. -- San Diego -- San Francisco -- Wash., D.C.	Y	Y	N	6 days (cost of personal side trip to San Francisco borne by E.H. Norton)
	Long Branch (NJ) NAACP	Nov. 3	Wash., D.C. -- Long Branch, NJ -- Wash., D.C.	N	Y	N	N

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Name Eleanor Holmes Norton

Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	See attached exhibit

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	Georgetown University	Extended leave of absence from position as professor of law
		Part-time faculty appointment to teach a seminar in 1995-96 academic year
		(See attached letter of approval from Committee on Standards of Official Conduct and Letter of agreement from Georgetown University Law Center)

Use additional sheets if more space is required.

Eleanor Holmes Norton
Financial Disclosure Statement for Calendar Year 1995
Exhibit
Schedule VIII, Positions
Page 1

Position	Name of Organization
Professor of Law*	Georgetown University
Member of the Board	A. Philip Randolph Institute
Member of the Board	Center for Budget and Policy Priorities
Member	Citizens Commission on Civil Rights
Co-Chair	Community Building in Troubled Urban Neighborhoods Task Force / Center for National Policy
Member	Council on Foreign Relations
Member of the Board	Economic Policy Institute
Member of the Board	Environmental Law Institute
Member of the Board	Lawyers Committee for Civil Rights Under Law
Trustee	Martin Luther King, Jr. Center for Social Change
Member of the Board	Ronald McDonald House
Commissioner	Population and Quality of Life Independent Commission
Chair	Women's Law and Public Policy Fellowship Program
Member of the Board	Work in America Institute
Chair	Workplace Health Fund
Member of the Board of Counsellors	YMCA of the USA

*on extended leave of absence; teaching seminar during 1995-96 academic year (see Schedule VIII and attached letters).

NANCY L. JOHNSON, CONNECTICUT
CHAIRMAN

JIM BUNNING, KENTUCKY
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO

THEODORE J. VAN DER MEID,
CHIEF COUNSEL

ONE HUNDRED FOURTH CONGRESS
U.S. House of Representatives
COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT
Washington, DC 20515–6328

JIM McDERMOTT, WASHINGTON
RANKING DEMOCRATIC MEMBER

BENJAMIN L. CARDIN, MARYLAND
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THOMAS C. SAWYER, OHIO

SUITE HT-2, THE CAPITOL
(202) 225-7103

August 31, 1995

The Honorable Eleanor Holmes Norton
U.S. House of Representatives
1424 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This is to notify you of Committee approval of your request of August 15, 1995 to teach for compensation at Georgetown University Law Center.

You explain that no official resources will be used to meet your teaching obligation, nor do you believe that it will conflict with your congressional responsibilities. You included with your request correspondence from Judith Areen, Dean of the Law Center.

On April 24, 1991, this Committee issued guidelines on teaching for compensation by Members and senior staff. We believe that your proposed teaching arrangement is consistent with these requirements.

Your teaching compensation is subject to the 15 percent outside earned income limit of House Rule XLVII. For 1995, that limit is $20,040. The income also must be reported on the Financial Disclosure Statement required of senior employees by title I of the Ethics in Government Act of 1978.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Nancy L. Johnson
Chairman

Jim McDermott
Ranking Democratic Member

NLJ/JM:CJW

FORM A

For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

②

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(Office Use Only)

Eleanor Holmes Norton
(Full Name)

10 Ninth Street, S.E.
Washington, DC 20003
(Mailing Address)

Daytime Telephone: (202) 225-8050

Filer Status	☒ Member of the U S House of Representatives — State D.C. District	☐ Officer or Employee	Employing Office.
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Eleanor H Norton

DATE (Month/Day/Year): 5/14/96

SCHEDULE III — ASSETS AND UNEARNED INCOME
Continuation Sheet (if needed)

Name Eleanor Holmes Norton

Page 6 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	Metlife Pension Annuity		X										Income yet to be derived																
	Oxford University Press	Indefinite											Royalty						X										
	TIAA CREF					X							Income yet to be derived																
	SunLife IRA			X									Income yet to be derived																
	Lanker, Inc.	X											Royalty						X										

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1994

FORM A
For use by Members, officers, and employees

(9)

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U.S. HOUSE OF REPRESENTATIVES
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MC (Office Use Only)

Charles W. Norwood
(Full Name)

3914 Mulligan Road
Evans, GA 30809
(Mailing Address)

Daytime Telephone (202) 225-4101

Filer Status: ☒ Member of the U S House of Representatives — State Georgia District 10 ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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SIGNATURE OF REPORTING INDIVIDUAL Charlie Norwood

DATE (Month/Day/Year) 5-14-96

Name Charles W. Norwood | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Park Avenue Fabrics, Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Charles W. Norwood

Page 3 **of** 9

SP, DC, JT	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**											BLOCK C **Type of Income**						BLOCK D **Amount of Income**										BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											If other than one of the listed categories, specify the type of income by writing a brief description in this block.						For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Congressional Federal Credit Union	X													X				X										
	Trust Company Bank		X												X					X									
	Smith Barney Appreciation Fund	X											X			X				X									
SP	Park Avenue Fabrics, Inc.					X													X										
	Note Receivable-Dr. Fred Thielke					X									X								X						
	Note Receivable-Norwood for Congress			X											X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Charles W. Norwood

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
	Fripp Island, SC (1/2 interest in lot			X													X										
	G&C Properties (partnership - 100% int)																										
	Rental Bldg, Walton Way, Augusta,																										
	GA, Lessee-Park Avenue Fabrics						X					X											X				
	Bowers & Norwood Leasing (partnership																										
	50% int.) Rental Bldg, Walton Way,																										
	Augusta, GA							X				X										X					
	Belair Rd/Wrightsboro Rd, Augusta, GA																										
	1/2 interest in raw land								X								X										
	Lowndes County, GA, 61 acres					X											X										
	Gables Residential Trust			X							X						X										P
	Coca Cola			X							X						X										P
	Wolverine Tube, Inc.			X							X						X										P
	Investment Co. of America		X								X			X					X								S
	Scana Corp		X											X					X								P,S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Charles W. Norwood

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Home Depot		X										X						X										
SP	GTE Corp			X									X						X										P
SP	Life Bancorp			X									X						X										P
SP	Price Communications	X											X						X										P
	Personal Residence Excluded																												

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SCHEDULE IV — TRANSACTIONS

Name Charles W. Norwood

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–94		X					
SP	Home Depot		X		10-31-95	X						
SP	Walmart Stock		X		9-13-95	X						
	Investment Company of America		X		9-13-95	X						
	Smith Barney Appreciation Fund		X		9-13-95	X						
	Olympic Financial	X	X		10-31-95 11-17-95	X						
	PalFed Inc.	X	X		9-20-95 10-27-95	X						
	Scana Corp.	X	X		9-19-95 12-26-95	X						
	Gables Residential Trust	X			11-30-95	X						
	Coca Cola Company	X			12-26-95	X						
	Wolverine Tubing, Inc.	X			9-13-95	X						
SP	GTE Corp	X			11-01-95	X						
SP	Life Bancorp	X			11-01-95	X						
SP	PalFed Inc.	X	X		9-13-95 10-27-95	X						
SP	Price Communications	X			11-01-95	X						

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Name Charles W. Norwood | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X			
	Trust Comapny Bank, Augusta, GA	Line of Credit		X					
	Mortgage on Personal Residence Excluded								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Charles W. Norwood

Page 8 **of** 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nebraska Dental Association	Apr 2-3	Wash,DC-Lincoln,NB-Wash,DC	Y	Y	Y	N
	Nuclear Energy Institute	Jun 8-9	Wash,DC-Las Vegas-Wash, DC	Y	Y	N	N
	Academy of General Dentistry	Jul 14-15	Wash,DC-Baltimore-Augusta	Y	Y	Y	N
	Georgia Dental Association	Jul 23-31	Wash,DC-Jacksonville,Wash,DC	Y	Y	Y	N
	Scranton-Wilkes Barre DentalAsso	Sep 18-19	Augusta-Scranton,PA-Wash,DC	Y	Y	Y	N
	International College of Dentists	Oct 5-8	Augusta-Las Vegas-Wash,DC	Y	Y	Y	Y
	Medical Association of Georgia	Aug 4-6	Wash,DC-Brunswick,GA-Augusta	Y	Y	Y	Y

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Name Charles W. Norwood | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	G&C Properties
Partner	Grayline Partnership
Partner	Bowers & Norwood Leasing

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Charles W. Norwood
(Full Name)

3914 Mulligan Road
Evans, GA 30809
(Mailing Address)

Daytime Telephone: (202)225-4101

Filer Status	☒ Member of the U.S. House of Representatives — State: Georgia District: 10	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

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V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Charlie Norwood

DATE (Month/Day/Year): 5-16-96

Name Charles W. Norwood

Page 2 of 2

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Georgia Dental Association	Jul 29-31	Wash - Jacksonville - Wash	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Jim Nussle
(Full Name)

303 Cannon House Office Building
Washington, D.C. 20515
(Mailing Address)

202-225-2911
Daytime Telephone

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U.S. House of Representatives — State: Iowa (IA) District: Second	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
5-14-96

Name Jim Nussle

Page 2 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	St. Luke's Methodist Hospital, Cedar Rapids, Iowa	Spouse Salary	NA
	Delaware County Memorial Hospital, Manchester, Iowa	Spouse Salary	NA
	Kirkwood Community College, Cedar Rapids, Iowa	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jim Nussle

Page 3 of 3

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Farmers & Merchants Bank - Checking		x												x					x									
JT	Congressional Federal Credit Union Money Market		x												x					x									
JT	U.S. Savings Bonds		x												x				x										
DC	U.S. Savings Bonds		x												x				x										

al assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A

For use by Members, officers, and employees

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James L. Oberstar
(Full Name)

2366 Rayburn House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone: 202/225-6211

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U.S. House of Representatives	State: MN District: 08	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
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VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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SIGNATURE OF REPORTING INDIVIDUAL

James L. Oberstar

DATE (Month/Day/Year)

5. 15. 96

Name James L. Oberstar | **Page** 2 **of** 9

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Kurth and Company, Inc., Wash., DC	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name James L. Oberstar | Page 3 of 9

CHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP,	Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC, *Examples:* SP	123 Main St., Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY account	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Cong. Fed. Credit Union	$100,001 - $250,000	Interest	$2,501 - $5,000	
	Chevy Chase Bank (IRA)	$1,001 - $15,000	Interest	None - $200	
DC	Cong. Fed. Credit Union (IRA)	$1,001 - $15,000	Interest	None - $200	
DC	Chevy Chase Bank	$15,001 - $50,000	Interest	$201 - $1,000	
DC	Chevy Chase Bank (IRA) *	None - $1,000	* See explanation in Section IV		
SP	Philips Electronics	None - $1,000	Dividends and Capital Gains	None - $200	P, S
SP	Pimco Advisors LP	None - $1,000	Partnership	$50,001 - $100,000	S
SP	Paine Webber Cash Fund	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Prudential Securities Command Money Fund	$1,001 - $15,000	Dividends	$201 - $1,000	

Name James L. Oberstar · Page 4 of 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Kemper High Yield Fund	$15,001 - $50,000	Dividends & Capital Gains	$5,001 - $15,000	S
SP	ITT Corp	$15,001 - $50,000	Dividends	$201 - $1,000	E
SP	ITT Hartford	$15,001 - $50,000	Dividends	None - $200	E
SP	ITT Industries	$1,001 - $15,000	Dividends	None - $200	E
SP	LE Croy Corp	$15,001 - $50,000	Dividends	None - $200	P
SP	Mesa Airlines	$15,001 - $50,000	Dividends	None - $200	
SP	Pharmaceutical Resources	$15,001 - $50,000	Dividends	None - $200	
SP	Pharmakinetics Labs	$1,001 - $15,000	Dividends	None - $200	
SP	Rayonier, Inc	$1,001 - $15,000	Dividends	None - $200	
SP	Reptron Electronics	$15,001 - $50,000	Dividends	None - $200	
SP	Trion, Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Union Carbide Corp.	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Vitesse Semiconductor Corp	$15,001 - $50,000	Dividends	None - $200	P
SP	Safeway, Inc , Senior Sub Deb	$15,001 - $50,000	Dividends	$1,001 - $2,500	
SP	Pioneer Growth	$15,001 - $50,000	Dividends	$2,501 - $5,000	P
SP	Hancock Regional Bank Fund	$100,001 - $250,000	Dividends	$1,001 - $2,500	P
SP	2402 37th Street, NW , Wash ,DC (50% interest)	$50,001 - $100,000	Rent	$5,001 - $15,000	
SP	Kurth & Company, Inc.	None - $1,000	Capital Gains	None - $200	S
SP	Astra Adj. US Gov (formerly Pilgram Adj. US Sec. Trust)	None - $1,000	Dividends	None - $200	S
SP	Dr. Pepper/7-UP Cos. Inc.	None - $1,000	Capital Gains	$201 - $1,000	S
SP	Vista Growth & Income	$100,001 - $250,000	Dividends	$5,001 - $15,000	
SP	IRA Prudential Sec. -- See following:				
	1. Money Mart Assets Fund	$1,001 - $15,000	Dividends	$201 - $1,000	S
	2 Dr Pepper/7-UP	None - $1,000	Dividends	None - $200	S

Name James L. Oberstar | Page 5 of 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	3. Pimco	None - $1,000	Partnership Income	$201 - $1,000	S
	4. IRT Property	$1,001 - $15,000	Dividends	$201 - $1,000	
	5. Rex Stores	None - $1,000	Dividends	None - $200	S
	6. Starwood Lodging Trust	$1,001 - $15,000	Dividends	None - $200	P
	7. Hotel Investors Trust	None - $1,000	Dividends	None - $200	
	8. Reptron Electronics	$1,001 - $15,000	Dividends	None - $200	P
	9. Stevens International	$1,001 - $15,000	Dividends	None - $200	P
SP	10. Vitesse Semiconductor	$1,001 - $15,000	Dividends	None - $200	P
SP	Great Hall Money Market	$1,001 - $15,000	Dividends	None - $200	P
SP	US Treasury Notes	$50,001 - $100,000	Interest	$1,001 - $2,500	P
SP	Kemper Money Market	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Cadence Design Systems	$50,001 - $100,000	Dividends	None - $200	P
SP	Charter Power Systems	$15,001 - $50,000	Dividends	None - $200	P
SP	IRT Property Company	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	Xicorp Inc.	$15,001 - $50,000	Dividends	None - $200	P
SP	Southview at Prince William	$15,001 - $50,000	Rent	None - $200	
SP	Kurth & Company, Inc (Money purchase Plan Retirement Fund)	$250,001 - $500,000	N.A	N.A.	
SP	Kurth & Company, Inc (Defined Benefit Retirement Fund)	$250,001 - $500,000	N.A.	N.A.	
SP	Kurth ByPass Trust		Excepted Trust	$15,001 - $50,000	
SP	Kurth QTip A Trust		Excepted Trust	$15,001 - $50,000	
DC	Prudential Securities Money Markets	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	US Govt Savings Bonds	$1,001 - $15,000	Interest	$2,501 - $5,000	NA
DC	Arnet Bonds	$15,001 - $50,000	Interest	$2,501 - $5,000	
SP	Kurth & Company Note Receivable	$100,001 - $250,000	Interest	None - $200	

Name James L. Oberstar		**Page** 6 of 9	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
DC	Chevy Chase Bank (IRA) Amt. previously listed in this IRA account was a survivor benefit used by dependent child for college tuition with the '95 amt. drawn down to zero in reporting yr.199			
SP	Reptron Electronics (IRA)	Purchase	7-3-95	$1,001 - $15,000
SP	Stevens International (IRA)	Purchase	6-27-95	$1,001 - $15,000
SP	Vitesse Semiconductor (IRA)	Purchase	6-29-95	$1,001 - $15,000
SP	Great Hall Money Market	Purchase	Var 1995	$1,001 - $15,000
SP	U S Treasury Notes	Purchase	9-15-95	$50,001 - $100,000
SP	Cadence Design	Purchase	8-24-95	$15,001 - $50,000
SP	Charter Power System	Purchase	8-22-95	$15,001 - $50,000
SP	IRT Property	Purchase	8-24-95	$15,001 - $50,000
SP	Xicor, Inc	Purchase	9-28-95	$15,001 - $50,000
SP	Philips Electronics	Purchase	6-27-95	$15,001 - $50,000
SP	Philips Electronics	Sold	11-30-95	$15,001 - $50,000
SP	Kemper High Yield	Sold	9-11-95	$100,001 - $250,000
SP	Rex Stores	Sold	6-27-95	$1,001 - $15,000
SP	Pimco Advisors LP	Sold	8-28-95	$50,001 - $100,000
SP	LE Croy Corp.	Purchase	12-1-95	$15,001 - $50,000
SP	Vitesse Semiconductor Corp.	Purchase	6-29-95	$1,001 - $15,000
SP	John Hancock Regional Bank FD	Purchase	9-20-95	$100,001 - $250,000
SP	Pioneer Growth Shares	Purchase	9-20-95	$15,001 - $50,000
SP	Kurth & Company, Inc.	Sold	11-1-95	$250,001 - $500,000
SP	Astra Adjust US Govt FD	Sold	9-11-95	$50,001 - $100,000
SP	Dr Pepper Bonds	Sold	8-23-95	$50,001 - $100,000

Name James L. Oberstar | **Page** 7 of 9

SCHEDULE IV -- TRANSACTIONS

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SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Pimco Advisor LP (IRA)	Sold	6-27-95	$1,001 - $15,000
SP	Dr. Pepper/7 Up Stock (IRA)	Sold	1-26-95	$1,001 - $15,000
SP	Rex Stores (IRA)	Sold	6-27-95	$1,001 - $15,000
SP	Starwood Lodging Trust (IRA)	Purchase	6-29-95	$1,001 - $15,000
SP	IRT Property Co. (IRA)	Purchase	7-6-95	$1,001 - $15,000
SP	ITT Hartford	Exchange		
SP	ITT Industries	Exchange		

Name James L. Oberstar

Page 8 **of** 9

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	Airports Council Intl NA	1/5-8/95	Wash.,DC-PalmSprings,CA-Wash DC	Y	Y	Y	N
	Assn of Corporate Travel Executives	2/5-6/95	Wash.,DC-Toronto,CAN-Wash DC	Y	Y	Y	N

Name James L. Oberstar

Page 9 of 9

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Honorary Advisory Board Member	George Washington University Medical Center, Cancer Center Advisory Board

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

David R. Obey
(Full Name)

2462 Rayburn House Office Bldg.

Washington DC 20515
(Mailing Address)

Daytime Telephone: (202) 225-3365

Filer Status	☒ Member of the U.S. House of Representatives	State: WI District: 07	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒		VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒		VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐		VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒		IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/96

Name David R. Obey | Page 2 of 3

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St , Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Fidelity Trust Co	$15,001 - $50,000	(IRA)	NA	
SP	First Union National Bank (Formerly known as Ameribank)	$1,001 - $15,000	(IRA)	NA	
JT	Wright-Patman Congressional Federal Credit Union (Washington, DC)	$1,001 - $15,000	Interest	$201 - $1,000	
SP	U S Savings Bond Series EE	$1,001 - $15,000	(No income yet derived)		
SP	U S Treasury Bill	$15,001 - $50,000	Interest	$1,001 - $2,500	

Name David R Obey

Page 3 of 3

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25

	Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar.2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C -Los Angeles-Cleveland	Y	Y	Y	4 Days
National Farmers Union (Speech at NFU convention)		Mar. 5-6	Wausau, WI-Milwaukee, WI-Washington, DC	Y	N	N	N

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

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John W. Olver (Full Name)

Box 28, Amherst, MA 01004 (Mailing Address)

(413) 256-6643 Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives State MA District 01	☐ Officer or Employee Employing Office	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL John W. Olver

DATE (Month/Day/Year) 9 May 96

Name John W. Olver

Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Amherst College, Amherst, MA	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John W. Olver

Page 3 **of** 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples:	SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	AMCAP Fund, Inc.		x										x							x									
JT	Carlyle Real Estate Limited Partnership		x												x	x				x									
JT	Daily Cash Accumulation Fund		x										x						x										
JT	Canada Southern Petro LTD		x																x										
JT	33 Myrtle St, Boston, MA 02108(condo)				x									x									x						
JT	120 acres-unimproved land 117 Central St, Plainfield, MA				x																								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John W. Olver

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	27 acres-unimproved land Buffam Rd, Pelham, MA				x																								
JT	45 acres-unimproved land No. Valley Rd, Pelham, MA			x																									
	25 acres-unimproved land Beachlake, Berlin Township, PA			x																									
	Mass. State Employees Pension				x																			x					

This page may be copied if more space is required.

Name John W. Olver | **Page** 5 **of** 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	Fleet Bank (successor to Heritage Bank for Savings) One Monarch Pl, Springfield, MA 00114	Mortgage at: 33 Myrtle St, #2 Boston, MA			x							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name John W. Olver

Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	ADA, 145 Tremont St, Boston, MA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
14 June 91	Mass. State Employees Life Insurance Program	*Continuing benefits as a former state employee.
14 June 91	Mass. State Employee Retirement Program	Retirement effective: 20 November 1992

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Solomon P. Ortiz
(Full Name)

2136 Rayburn HOB
Washington DC 20515
(Mailing Address)

Daytime Telephone: 202/225-7742

HAND DELIVERED
(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status: ☒ Member of the U.S. House of Representatives State: TX District: 27 ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 15th - 96

Name Solomon P. Ortiz | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples.* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Unimproved Lots, Robstown, Texas	$1,001 - $15,000		$1 - $200	
	1250 4th St., SW #511, Wash., DC	$50,001 - $100,000	Rent	$5,001 - $15,000	
JT	4601 Carmen Ave., #2104 - 55% owner, Rancho Viejo, TX	$15,001 - $50,000	Rent	$2,501 - $5,000	
JT	Villa Del Sol Condo, 1011 Ennis Joslin, Corpus Christi, TX - 55% owner	$15,001 - $50,000	Rent	$5,001 - $15,000	
	Amtex Inc., Corpus Christi, TX	$15,001 - $50,000	Dividends	$5,001 - $15,000	
	Van Kempen American Capitol - IRA Pace Fund A	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	Victoria Bank & Trust	$1,001 - $15,000	Capital Gains	$1 - $200	P
	Congressional Federal Credit Union	$15,001 - $50,000	Interest	$1,001 - $2,500	

Name Solomon P Ortiz | Page ___ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Nations Bank	$1,001 - $15,000		$1 - $200	
JT	Principal				
JT	-Ivy Growth w/ Income Fund CL B	$50,001 - $100,000	Dividends	$1,001 - $2,500	
JT	-Princor Emerging Growth Fund INC-CLA	$15,001 - $50,000	Dividends	$201 - $1,000	
JT	-KBK Capitol Corp	$1,001 - $15,000	Capital Gains	$1 - $200	S
JT	-Kinetic	$15,001 - $50,000	Capital Gains	$201 - $1,000	S
JT	-AT&T Corp	$15,001 - $50,000	Capital Gains	$1,001 - $2,500	S
JT	-Amgen	$1,001 - $15,000	Capital Gains	$1,001 - $2,500	S
	Equitable				
	-Equitable Common Stock	$1,001 - $15,000	Dividends	$1 - $200	
	-Equivest - Qualified IRA	$15,001 - $50,000			E
	-Equivest - Non-Qualified IRA	$15,001 - $50,000			
	Alliance Conservative Investors Fund	$1,001 - $15,000	Dividends	$201 - $1,000	S

Name Solomon P. Ortiz | **Page** ____ **of** ____

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	KBK Capitol Corp	Sold	02/24/95	$1,001 - $15,000
JT	Kinetics Concept Inc	Purchase	07/14/95	$15,001 - $50,000
JT	Kinetics Concepts Inc	Sold	08/24/95	$15,001 - $50,000
JT	AT&T	Purchase	09/01/95	$15,001 - $50,000
JT	AT&T	Sold	09/22/95	$15,001 - $50,000
JT	AT&T	Purchase	10/20/95	$15,001 - $50,000
JT	AT&T	Sold	11/28/95	$15,001 - $50,000
JT	Amgen	Purchase	12/01/95	$15,001 - $50,000
JT	Amgen	Sold	12/22/95	$15,001 - $50,000
	Alliance Conservative Investors Fund	Sold	01/20/95	$1,001 - $15,000
	Equivest - Non-Qualified IRA	Purchase	01/30/95	$1,001 - $15,000

Name Solomon P. Ortiz | Page __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Alliance Mortgage, Charlotte, NC	Mortgage on 1250 4th St., SW	$50,001 - $100,000
JT	Int'l Bank of Commerce, Brownsville, TX	Mortgage on 4601 Carmen / 55%	$15,001 - $50,000
JT	Bank of Robstown	Loan Amtex Security / 55%	$50,001 - $100,000
	Congressional Federal CU	Consumer Loan	$15,001 - $50,000
JT	Principal	Margin Acount	$15,001 - $50,000

Name Solomon P. Ortiz

Page ____ of ____

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	Amtex	Feb 17 - 20	Corpus - Mexico City - Corpus	Y	Y	N	
	Dos Republicas	Mar 3-6	Wash., DC - Mexico City - Wash., DC	Y	Y	N	
	Port of Brownsville	Mar 16 - 20	Wash., DC - Mexico City - Wash., DC	Y	Y	N	
	Amtex	Apr 12 - 21	Corpus - Los Angeles - Taipei, Taiwan - Corpus	Y	Y	N	
	Port of Brownsville	Jul 5-10	Corpus - Mexico City - Wash. D.C.	Y	Y	N	
	Port of Brownsville	Nov 24 - 28	Wash., D.C. - Mexico City - Corpus	Y	Y	N	
	Amtex	Dec 14 - 18	Wash., D.C. - Mexico City - Wash., D.C	Y	Y	N	

Name Solomon P Ortiz	**Page** __ **of** __

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
President	Amtex Security Inc. - Corpus Christi, TX

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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William Harvey Orton & Jacquelyn Massey Orton
(Full Name)

440 Cannon HOB, Washington, D.C. 20515 (Mailing Address)

(202) 225-7751 (Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives State: Utah District: 3rd	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/10/96

Name William Harvey Orton

Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	National Association of Federal Credit Unions	Spouse Salary	$13,848.90

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William Harvey Orton

Page ____ **of** ____

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples:	SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	First Interstate Bank (accounts)			X											X						X								
	America First Credit Union (account	X													X				X										
	Silver Screen Partners (stock)		X										X		X					X									
	Dean Witter (managed fund)	X											X							X									
	Wright Patman Credit Union (accounts)			X											X						X								
	Tax Training Institute, Inc. wholly owned sub-S corporation	X											X		X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William Harvey Orton

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	House:3086 E. Meadow Dr., Provo, UT						X							X					X										
	House: 411 Constitution Ave., N.E. Washington, D.C.						X							X					X										
	(Basement apartment available but not rented during period)																												
	Cash Value Insurance, The Principle Group			X									X						X										
	Accounts receivable: law practice		X										Accounts receivable																
	Personal loan: Tony Johnson		X												X				X										
	Personal loan: Demand note Orton for Congress			X											X						X								
	(Interest accruing - none paid)																												
	Personal loan: Lisa Lowe		X												X				X										
	Orton Properties (partnership) see below																												
	Farm Avon, Utah					X								X								X							
	House and Farm--600 E. 2100 N. North Ogden, Utah				X									X							X								
	Farm Land and Barn--550 E. 2100 N. North Ogden, Utah			X										X						X									
	Alabama Teachers Credit Union	X													X				X										

This page may be copied if more space is required.

Name William Harvey Orton	**Page** ___ **of** ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Security Bank	Mortgage on House: 3086 Meadow Dr., Provo Utah				X						
	Nations'Bank	Mortgage on House: 411 Constitution Ave., NE Wash. DC					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name William Harvey Orton	Page ___ of ___

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Utah State Bar Association	June 30 to July 2	SLC-San Diego-SLC	Y	Y	N	N
	Micron Technology, Inc.	Oct. 6	SLC- Boise - SLC	N	N	N	N

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Name William Harvey Orton	**Page** ___ **of** ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Great Western Trail Foundation (501(c)(3) organization) -- Uncompensated position

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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Major Robert Owens
(Full Name)

135 Eastern Parkway (Mailing Address)
(718) 773-3100 (Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives State: New York District: 11th ☐ Officer or Employee Employing Office: ______

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ______

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Major R. Owens

DATE (Month/Day/Year) June 15, 1996

Name Major R. Owens

Page 2 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
National Council of Educational Opportunity Conference Washington DC		Speech	March 20, 1995	$2000
Conference on Asian Affairs - St Johns University New York		Speech	September 9, 1995	$1000

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Major R. Owens

Page 3 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Sale of RAPLines Magazine to GLOBETown Associates		X		9-1-95	X									

This page may be copied if more space is required.

Name | Page 4 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
		Citi-Bank of NewYork	Personal Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

	Source	Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Major R. Owens — Page 5 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Aspen Institute Conference on United Nations		April 12-22	Wash. D.C.-Virgin Islands-Wash. D.C.	Y	Y	Y	
Aspen Institute Conference on International Trade		August 13 -August 18	Wash. D.C.-Quebec City -Wash. D.C.	Y	Y	Y	

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Name Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Communovations Associates

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22–642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

⑪

HAND DELIVERED
RECEIVED
96 MAY 15 PM 1:14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
(Office Use Only)

Michael Garver Oxley
(Full Name)

2233 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

Daytime Telephone (202)225-2676

Filer Status	☒ Member of the U S House of Representatives — State: Ohio — District: 4th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/96

Name OXLEY

Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Weichert Realtors	Spouse Commissions	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name OXLEY

Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1994 Aug. 13, 1994	$2,000 $500
	CHZM Hill Companies, Ltd.	Speech	Feb. 20, 1995	$1,000
	Nat. Assoc. of Independent Insurers	Speech	March 27, 1995	$ 500
	Council of Insurance Agents & Brokers	Speech	Jan. 23, 1995	$ 500
	Chemical Manufacturers Association	Speech	Feb. 20, 1995	$2,000
	Juvenile Products Mfg. Assoc.	Speech	July 20, 1995	$1,000
	Council of Insurance Agents & Brokers	Speech	March 17, 1995	$1,500
	Price Waterhouse/Smith Barney	Speech	Jan 24, 1995	$2,000
	Western Regional Council	Speech	Feb. 23, 1995	$1,000
	Assoc. of Independent Television Stations	Speech	July 11, 1995	$ 500

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Name OXLEY

Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples. SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	(not self directed) The Ohio Bank - Keough Plan			X											X				N/A										
	Wright Patman Fed. Credit Un		X												X						X								
	Bank One		X												X						X								
	Northwestern Mutual Life (IRA)			X											X				N/A										
SP	Nation's Bank, VA			X																	X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OXLEY

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5 000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	N/A																												

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SCHEDULE IV — TRANSACTIONS

Name OXLEY

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	N/A														

This page may be copied if more space is required.

Name OXLEY

Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE												

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE			

Use additional sheets if more space is required.

Name OXLEY

Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	* see attached						

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FINANCIAL DISCLOSURE TRIP LISTING 1995

July 1-4, 1995	Campbell, Crane & Associates Chatham, Massachusetts R/T air fare for member & spouse Transportation, meals and lodging DCA/Newark/DCA Congressional Leadership Seminar Superfund, Communications & Regulatoroy Reform Speech
April 18-22, 1995	The Congressional Study Group on Germany Dresden & Berlin, Germany R/T air fare for member & spouse Dulles/Frankfurt/Dulles Foreign Exchange Delegation Trip Bus transportation, lodging & meals Foreign Exchange on telecommunications & trade issues
May 27-29, 1995	CSX Corporation The Greenbrier .. White Sulphur Springs, West. VA Lodging and meals for member & spouse (drove) Panel discussion on public policy, transportation & energy issues
February 16-19, 1995	Keystone Center Denver, Colorado R/T air fare for member & spouse Dulles/Denver/Dulles Lodging, transportation & meals Energy & Environment Panel Participant
April 8-12, 1995	United/Sprint Telecommunications Issues Conference Vail, Colorado R/T air fare for member & spouse Lodging, transportation and meals DCA/Vail/DCA Telecommunications panel participant
February 10-12, 1995	National Association of Broadcasters Key Largo, Florida R/T air fare for member & spouse DCA/Miami/DCA Lodging, transportation & meals Broadcast issues speech presentation

August 26 - September 1, 1995	Congressional Economic Leadership Institute Foreign Exchange Delegation trip London, St. Petersburg, Russia, Dulles Air fare for member & spouse Lodging & meals Trade & foreign investment exchange
February 3-5, 1995	The Congressional Study Group on Germany Piney Point, MD Lodging, bus transportation & meals for member Trade & telecommunications conference speaker
January 20-22, 1995	Metal Construction Association Sarasota, Florida R/T air fare for member & spouse DCA/Sarasota/DCA Lodging, transportation & meals Speech on environment
August 18-25, 1995	The Ripon Society Foreign Exchange Delegation trip Dulles/Dublin, Ireland Lodging, transportation & meals for member & spouse Trade, Telecommunication & investment exchange
May 5-7, 1995	Ashland Oil Company Louisville, Kentucky R/T air fare for member & spouse DCA/Louisville/DCA Lodging, transportation & meals Speech on Superfund to Corporate Mgrs. & Execs.

Name OXLEY | Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
96 MAY -8 PM 3:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

③

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Ronald C. Packard
(Full Name)

2162 Rayburn House Office Building
Washington DC 20515
(Mailing Address)

Daytime Telephone
202 225 3906

MC HAND DELIVERED
(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status ☒ Member of the U.S. House of Representatives State: CA District: 48 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL Ronald C. Packard

DATE (Month/Day/Year) 5/8/96

Name Ronald C. Packard | **Page** ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples:* SP Mega Corp Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	1st Nat'l Bank of North County (stock)	$15,001 - $50,000	Capital Gains	$1 - $200	
JT	coin collection	$1,001 - $15,000	Capital Gains	$1 - $200	
JT	investment diamonds	$15,001 - $50,000	Capital Gains	$1 - $200	
JT	Dean Witter IRA	$15,001 - $50,000	Capital Gains	$1 - $200	

Name Ronald C Packard | **Page** ____ of ____

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any timenot at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D C -Chicago-Wash , D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Danny Thompson	Aug 23-26	Member provided own transportation	Y	Y	Y	No
	Delta Airlines Congressional Challenge	Aug 21-23	Member provided own transportation	Y	Y		

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Ronald C. Packard
(Full Name)

2162 Rayburn House Office Building
Washington DC 20515
(Mailing Address)

Daytime Telephone: 202 225 3906

Filer Status ☒ Member of the U.S. House of Representatives State: CA District 48 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL Ronald C. Packard

DATE (Month/Day/Year) 5-14-96

Name Ronald C. Packard | **Page** ____ **of** ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	1st Nat'l Bank of North County (stock)	$15,001 - $50,000	Capital Gains	$1 - $200	
JT	coin collection	$1,001 - $15,000	Capital Gains	$1 - $200	
JT	investment diamonds	$15,001 - $50,000	Capital Gains	$1 - $200	
JT	Dean Witter IRA	$15,001 - $50,000	Capital Gains	$1 - $200	

Name Ronald C. Packard

Page ____ of ____

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-25.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	Danny Thompson	Aug. 23-26	Member provided own transportation	Y	Y	Y	No
	Delta Airlines Congressional Challenge	Aug. 21-23	Member provided own transportation	Y	Y	Y	No

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

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FRANK J. PALLONE JR.
(Full Name)

1187 OCEAN AVE.
(Mailing Address)

LONG BRANCH, N.J. 07740

Daytime Telephone: 202-225-4671

MV (Office Use Only)

Filer Status: ☒ Member of the U.S. House of Representatives State: District: ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ FP No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Frank Pallone Jr.

DATE (Month/Day/Year) May 15, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name FRANK J. Pallone JR.

Page 2 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P., S., E
SP.	SP Mega Corp. Stock				X								X							X									P
DC. Examples:	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Crestar Bank Washington DC. Accounts		X										X		X					X									
	Congressional FCU. - Accounts														X				X										
–	First Fidelity Bank Long Branch, NJ. Accounts	X																	X										
DC	Crestar Bank Washington DC. accounts		X												X				X										
SP	General Electric Co. Exec. Pension				X								Pension								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frank J Pallone Jr

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	National Financial Services Crestar Securities - Richmond VA																												
	- Eaton Vance Nat Mun. Bond Fund			X									X								X								
	- MFS OTC CLB Fund		X										X								X								
	- MFS Total Return Fund		X										X								X								
	- US Treas - Cube		X												X					X									
	- Dreyfus Cash Management		X										X							X									
DC	National Financial Services Crestar Securities - Richmond VA																												
	- MFS Research Fund Class A				X								X			X						X							
	- Crestfund Cash Reserve		X										X							X									
SP	National Financial Securities Crestar Securities - Richmond VA																												
	SEP/IRA Accounts				X								X		X	X				NA IRA									
SP	First Union Bank Long Branch NJ - Accounts		X												X				X										
SP	First Union Bank Washington DC Accounts	X													X				X										

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SCHEDULE IV — TRANSACTIONS

Name Frank J Pallone Jr

Page 4 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
SP	General Electric Co Exec Pension	Inheritance			1995			X							
SP	Merrill Lynch Washing DC Sep/IRA Account.			X	Feb 1995										

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Name Frank J Pallone Jr Page 2 of 2

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Honorary Member of Board	Rainbow Foundation
Honorary Member of Board	Ranney School Tinton Falls N.J.
Member of Board	Zimmerli Museum Rutgers University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 72-442 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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Paul Michael (Mike) Parker
(Full Name)

2445 Rayburn HOB
Washington, D. C. 20515
(Mailing Address)

Daytime Telephone 202-225-5865

Filer Status	☒ Member of the U S House of Representatives — State Mississippi District 4	☐ Officer or Employee — Employing Office	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-11-96

Name Paul Michael (Mike) Parker

Page 2 of 15

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
NONE			

For payments to charity in lieu of honoraria, use Schedule II.

Name Paul Michael (Mike) Parker **Page** 3 **of** 15

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Tobacco Institute, Washington, D. C.	Speech	May 9, 1995	$2,000.00
	Georgia Pacific Corporation Directors	Speech	Sept. 21, 1995	$2,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Paul Michael (Mike) Parker

Page 4 of 15

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP,	*Examples* SP Mega Corp Stock				X								X							X									P
DC	123 Main St Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Land, GIC Farm Lincoln County, MS						X						Farm						X										
SP	Hominy Ridge, Inc. Franklin County, MS					X										X								X					
JT	M & R Services, Inc. Lincoln County, MS			X									X						X										
JT	Liberty Corp., Greenville, SC	X											X						X										
	IRA, USAA Investment, San Antonio,TX			X									X						N/A IRA										
SP	IRA, USAA Investment, San Antonio,TX			X									X						N/A IRA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul Michael (Mike) Parker

Page 5 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	CMA Money Fund-Merrill Lynch	X													X						X								
SP	CMA Money Fund-Merrill Lynch	X													X					X									
SP	AIM-Equity Funds-Constellation Funds			X												X					X								
SP	Delaware Group Delcap Fund-Concept 1 Ser.			X												X						X							
	(Has Capital Gains & Dividends)												X							X									
	Federal Franklin Tax Free Inc. Fund			X									X									X							
SP	Federal Franklin Tax Free Inc. Fund			X									X									X							
	Keystone Tax Free Fd. SBI			X									X								X								S
SP	Keystone Tax Free Fd. SBI			X									X								X								S
	MFS Municipal Income Fd.-Class B				X								X								X								
SP	MFS Municipal Income Fd.-Class B				X								X								X								
SP	Nuveen P Ins. M Income Fund			X									X							X									S
	M L Municipal Bond Fund National Port Class B				X								X									X							S
SP	M L Municipal Bond Fund National Port Class B				X								X									X							S
	Miss. Hosp. Equip. Bond			X											X					X									S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul Michael (Mike) Parker

Page 6 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001- $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	Miss. Hosp. Equip. Bond			X											X					X									S
	Sanderson Farms Inc. Com. (E)		X													X			X										S
SP	Sanderson Farms Inc. Com. (E)		X													X			X										S
	Sante Fe Pacific Corp. (A) For Sante Fe Pacific Gold		X										X						X										E
SP	Sante Fe Pacific Corp. (A) For Sante Fe Pacific Gold		X										X						X										E
	Oppenheimer Discovery F SBI (Has			X									X							X									
	Dividends and Capital Gains)															X					X								
	Blackrock I Municipal T TR2008			X									X							X									S
JT	Gabelli Small Cap Growth Fund		X													X				X									
JT	Neuberger & Berman Genesis Fund		X													X			X										
JT	Berger Funds-100 Fund		X													X			X										
JT	Berger Funds-101 Fund		X										X						X										
JT	Berger Funds-Small Growth Fund		X										X						X										
JT	USAA Tax Exempt Fund		X										X							X									
JT	USAA Aggressive Growth Fund		X										X			X			X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul Michael (Mike) Parker

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	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Janus Fund (Has Capital Gains		X										X						X										
	and Dividends)															X			X										
JT	USAA Income Fund		X										X						X										
JT	USAA Income Stock Fund		X										X			X			X X										
JT	U. S. Treasury Bonds		X												X						X								
JT	Nicholas Applegate Fund					X							X								X								S
	Southwestern Energy PV (F)		X										X						X										S
SP	Southwestern Energy PV (F)		X										X						X										S
SP	EV Marathon Grtr China Growth		X										X						X										
SP	ML Dragon Fd Inc. Class B (Has		X										X						X										
	Capital Gains & Dividends															X			X										
SP	M L Intl. Equity Fund Class B		X										X						X										
	EV Marathon Grtr China Growth		X										X						X										
	M L Dragon Fd. Inc. Class B (Has		X										X						X										
	Capital Gains & Dividends)															X			X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul Michael (Mike) Parker

Page 8 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None—$1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	M L Corp Equity Fund CIB			X									X						X										
SP	Keystone Tax Exempt TR			X											X				X										P
	Keystone Tax Exempt TR			X											X				X										P
SP	M L Corp. Muni FD FR CIB				X								X						X										P
	M L Long [illegible] Muni FD FR CIB				X								X						X										P
	[illegible]ligent Communications [illegible]	X											X						X										P
	Dividends and Capital Gains															X			X										
	[illegible] Communications [illegible]	X											X						X										P
	Dividends and Capital Gains															X			X										
	[illegible] Inc.			X												X							X						P
	[illegible] Inc.			X												X							X						P
	[illegible]			X												X							X						S
	[illegible]			X																			X						[illegible]
	[illegible] Partners [illegible]		X										X						X										[illegible]
	[illegible]		X										X						X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul Michael (Mike) Parker

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Neuberger & Berman Guardian Fd. (Has		X										X						X										P
	Dividends and Capital Gains)															X				X									
JT	Neuberger & Berman Guardian Fd. (Has		X										X						X										P
	Dividends and Capital Gains)															X			X										
	Neuberger & Berman Guardian Fd. (Has		X										X						X										P
	Dividends and Capital Gains)															X				X									
	Janus Mercury Fund (Has		X										X							X									P
	Dividends and Capital Gains)															X			X										
SP	Janus Mercury Fund (Has		X										X							X									P
	Dividends and Capital Gains)															X			X										
	Fidelity Advisor, Series 2 Growth Opportunity Portfolio		X										X						X										P
SP	Fidelity Advisor, Series 2 Growth Opportunity Portfolio		X										X						X										P
SP	Parker Funeral Home, Inc.		X										Collected Bad Debts										X						
JT	Loan to M & R Services, Inc.		X												X				X										

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SCHEDULE IV — TRANSACTIONS

Name Paul Michael (Mike) Parker

Page 1[illegible] of 1[illegible]

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
SP	ML Conn. Muni. BD FD CLB	X			12-27-95			X							
	ML Conn. Muni. BD FD CLB	X			12-27-95			X							
SP	Seligman Communications CLD	X			06-28-95	X									
	Seligman Communications CLD	X			06-28-95	X									
SP	World Com. Inc. GA	X			03-23-95										
SP	World Com. Inc. GA		X		07-25-95		X								
	World Com. Inc. GA	X			03-23-95										
	World Com. Inc. GA		X		07-25-95		X								
SP	Burlington Northern Sante Fe For Santa Fe Pacific Corp.			X	09-2[illegible]-95	X									
	Burlington Northern Sante Fe For Santa Fe Pacific Corp.			X	09-15-95	X									
JT	Nicholas Applegate Fund		X		12-[illegible]-95				X						
SP	Neuberger & Berman Guardian Fd	X			[illegible]	X									
JT	Neuberger & Berman Guardian Fd	X			[illegible]	X									
	Neuberger & Berman Guardian Fd	X			08-2[illegible]-95	X									

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Name Paul Michael (Mike) Parker

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example.* Mega Corporation Common Stock	X			10–12–95		X								
	Keystone Tax Free Fd. SBI		X		12-27-95		X								
SP	Keystone Tax Free Fd. SBI		X		12-27-95		X								
SP	Nuveen P Ins. M Income Fund		X		03-23-95		X								
	M L Municipal Bond Fund-National Port Class B		X		12-27-95			X							
SP	M L Municipal Bond Fund-National Port Class B		X		12-27-95			X							
	Miss. Hosp. Equipment Bond		X		03-23-95		X								
SP	Miss. Hosp. Equipment Bond		X		03-23-95		X								
	Sanderson Farms Inc. Com. (E)		X		12-27-95	X									
SP	Sanderson Farms Inc. Com. (E)		X		12-27-95	X									
	Santa Fe Pacific Corp. (A) For Santa Fe Pacific Gold			X	09-25-95	X									
SP	Santa Fe Pacific Corp. (A) For Santa Fe Pacific Gold			X	09-25-95	X									
	Blackrock I Municipal T Tr2008		X		03-23-95		X								
	Southwestern Energy PV (F)		X		12-27-95	X									
SP	Southwestern Energy PV (F)		X		12-27-95	X									
SP	Keystone Tax Exempt TR	X			12-27-95		X								
	Keystone Tax Exempt TR	X			12-27-95		X								

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SCHEDULE IV — TRANSACTIONS

Name Paul Michael (Mike) Parker

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	Janus Mercury Fund	X			08-29-95	X									
SP	Janus Mercury Fund	X			08-29-95	X									
	Fidelity Advisor Series 2 Growth Opportunity Portfolio	X			12-27-95	X									
SP	Fidelity Advisor Series 2 Growth Opportunity Portfolio	X			12-27-95	X									

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Name Paul Michael (Mike) Parker

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Paul Michael (Mike) Parker | Page 14 of 15

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	GO PAC	Nov. 12	Jackson, MS-Wash., DC	N	Y	N	N
	ELECTRIC POWER ASSOCIATIONS BILOXI, MS	Sept. 11-12	"No Transportation Provided"	Y	Y	N	N
	GROCERY MANUFACTURERS OF AMERICA, WASHINGTON, DC	June 16-18	Wash.,DC-White Sulphur Spr-W.Virginia-Wash., DC	Y	Y	Y	N
	INTERNATIONAL RIGHT OF WAY ASSOCIATION	June 22-23	Wash., DC-Louisville,KY-Jackson, MS	Y	Y	Y	N
	Spouse	June 22-23	Jackson, MS-Louisville,KY-Jackson, MS				

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Name Paul Michael (Mike) Parker

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	M & R Services, Inc.
	50 Creekview Lane, S E
	Brookhaven, MS 39601

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

[illegible]

Phoenix, [illegible]

(202) 225-4065

Filer Status ☒ [illegible] ARIZONA 2 ☐ [illegible] Employing Office

Report Type ☒ [illegible] ☐ Amendment ☐ Termination Termination Date

96 MAY -7 PM 5:51

(10)

mc

Office Use Only

A *$200 penalty* shall be assessed against anyone who files more than 30 days late

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

[illegible] If yes, complete and attach Schedule I	Yes ☒	No ☐	[illegible] If yes, complete and attach Schedule VI	Yes ☐	No ☒
[illegible] If yes, complete and attach Schedule II	Yes ☐	No ☒	[illegible] If yes, complete and attach Schedule VII	Yes ☒	No ☐
[illegible] If yes, complete and attach Schedule III	Yes ☒	No ☐	[illegible] If yes, complete and attach Schedule VIII	Yes ☒	No ☐
[illegible] If yes, complete and attach Schedule IV	Yes ☐	No ☒	X. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX	Yes ☐	No ☒
[illegible] If yes, complete and attach Schedule V	Yes ☒	No ☐			

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS [illegible]	Yes ☐	No ☒
EXEMPTION [illegible]	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

[illegible]

SIGNATURE OF REPORTING INDIVIDUAL Edward F Pastor

DATE (Month, Day, Year) May 7, 1996

Name Edward Lopez Pastor

Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
State of Arizona, Department of Education, Phoenix, AZ		Spouse Salary	$ 47,623
U.S. House of Representatives, Washington, DC		Salary	$133,600

For payments to charity in lieu of honoraria, use Schedule II.

Name Edward Lopez Pastor

Page [illegible] of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. [illegible] 1994 Aug. 13, 1994	[illegible] [illegible]
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Edward Lopez Pastor | **Page** 4 **of** 10

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
	123 Main St , Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Residential Lot, Guadalupe, AZ		X																X										
JT	Bank One Account, Phoenix		X												X				X										
S	AZ State Employees Credit Union (IRA)		X												X				N/A										
	Bank One, Phoenix, AZ (IRA)		X												X				N/A										
S	AZ State Retirement System Phoenix, AZ			X											X				N/A										
	AZ State Retirment System Phoenix, AZ /Elected Officials			X											X				N/A										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Edward Lopez Pastor

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	PEBSCO-Deferred Compensation Acct.			X											X	X			N/A										
	Central Life Insurance Cash Value		X										X							X									
JT	AZ State Employees Credit Union Accounts, Phoenix AZ		X												X					X									
	Thrift Savings Plan, Washington DC				X								X		X	X			N/A										

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SCHEDULE IV — TRANSACTIONS

Name Edward Lopez Pastor

Page 1 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP DC, JT	Asset	Type of Transaction PURCHASE	 SALE	 EXCHANGE	Date (MO DAY YR)	Amount of Transaction B $1,001-$15,000	 C $15,001-$50,000	 D $50,001-$100,000	 E $100,001-$250,000	 F $250,001-$500,000	 G $500,001-$1,000,000	 H $1,000,001-$5,000,000	 I $5,000,001-$25,000,000	 J $25,000,001-$50,000,000	 K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	NONE														

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Name Edward Lopez Pastor

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Bank of America, Phoenix, AZ	Mortgage on 1151 W. Thomas Rd., Phoenix, AZ		X								
JT	Bank One	2nd Mortgage on Above Property	X									
JT	Northwest Mortgage	Mortgage on 649 C St., SE Washington, DC			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Edward Lopez Pastor | Page 8 of 10

SCHEDULE VII --FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

dentify the source and brief travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Chicago Chamber of Commerce	Mar 2	Wash DC—Chicago—Wash DC	N	N	N	N
Meg. Corporation	Aug 6-13	Wash DC—Los Angeles—Cleveland	Y	Y	Y	4 Days
United Automobile & Aerospace Workers of America	June 12	Phoenix, AZ-Anaheim, CA, Washington, DC	N	N	N	N
National Assn. of Latin Elected Officials	June 22-June 24	Washington, DC-Austin, TX	Y	Y	N	N
National Council of La Raza	July 14-July 17	Washington, DC-Dallas, TX-Washington, DC	Y	Y	Y	N
Southwest Voter Registration and Education Project	Aug. 25-Aug. 26	Phoenix, AZ -- San Antonio, TX--Phoenix, AZ	Y	Y	N	N
U.S. Hispanic Leadership Conf	Oct. 4-Oct. 5	Washington, DC-Chicago, IL-Washington, DC	Y	Y	N	N
National Puerto Rican Coalition	Oct. 5-Oct. 6	Washington, DC-NYC-Washington, DC	Y	Y	N	N

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Name Edward Lopez Pastor	**Page** 9 **of** 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman	Congressional Hispanic Caucus, Washington, DC
Chairman	Congressional Hispanic Caucus Institute, Washington, DC
Board Member	National Assn. of Latin Elected Officials, Washington, DC
Board Member	Neighborhood Housing Services of America, Oakland, CA
Board Member	Phoenix Memorial Hospital Primary Care Board, Phoenix, AZ
Advisory Board Member	People with AIDS Coalition of Tucson

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

Name Edward Lopez Pastor

Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman	Mercy Housing of Arizona Fundraising Campaign
Honorary Committee Member	Arizonans for Fairness Coalition

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

⑭

RECEIVED
96 MAY 15 AM 11:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

BILL PAXON
(Full Name)

251 WEDGEWOOD DR. WILLIAMSVILLE, NY 14221
(Mailing Address)

202-225-5265
(Daytime Telephone)

Filer Status	☒ Member of the U S House of Representatives	State NY District 27	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-14-96

Name BILL PAXON	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US HOUSE OF REPRESENTATIVES (VOLUNTARILY DISCLOSED)	SALARY	$133,258
	US HOUSE OF REPRESENTATIVES	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BILL PAXON

Page 3 **of** 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
Examples	123 Main St , Dover, Del.							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	THRIFT SAVINGS RETIREMENT PLAN (VOLUNTARILY DISCLOSED—$116,300					X																							
	1993 FORD TEMPO (VOLUNTARILY DISCLOSED - 6,015		X																										
	PERSONAL RESIDENCE/251 WEDGEWOOD VOLUNTARILY DISCLOSED: ESTIMATED VALUE $160,000 OWED TO MELLON MORTGAGE $111,187 MELLON ESCROW ACCT. BAL. $2256 ESCROW ACCT. INTEREST $49					X									X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BILL PAXON

Page 4 of 7

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
SP DC JT	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P S E
	NON-INCOME RESIDENCE UNIT OCCUPIED BY PARENTS AT 144 WEDGEWOOD DRIVE SOLD 6/95 VOLUNTARILY DISCLOSED: SALE PRICE $103,000 ESCROW INTEREST $12	X													X				X										S
JT	RESIDENTIAL PROPERTY/511 WOODLAND TERR ALEXANDRIA VA 22302 VOLUNTARILY DISCLOSED: ESTIMATED VALUE $400,000 OWED TO AMERICAN HOME FUNDING $308,224 A.H.F. ESCROW BAL. $1892						X																						P
	SPOUSAL ASSETS ARE DISCLOSED ON ATTACHED FILING																												

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Name Bill Paxon

Page 5 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	x			10–12–95		x								
	NON-INCOME RESIDENCE UNIT OCCUPIED BY PARENTS AT 194 WEDGEWOOD DRIVE VOLUNTARILY DISCLOSED! SALE PRICE $103,000		X		6-22-95				X						
JT	RESIDENTIAL PROPERTY/511 WOODLAND TERRACE ALEXANDRIA, VIRGINIA 22302 VOLUNTARILY DISCLOSED! PURCHASE PRICE $389,000				6-30-95					X					

This page may be copied if more space is required.

Name Bill Paxon | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at *any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, DE				x						
	[illegible] MORTGAGE, [illegible] TEXAS VOLUNTARILY DISCLOSED: $111,181	MORTGAGE/PERSONAL RESIDENCE 20 WEDGEWOOD DR, WILLIAMSVILLE				X						
	HOUSTON MORTGAGE, HOUSTON TEXAS VOLUNTARILY DISCLOSED: [illegible] $10,184 (BALANCE OWED AT SALE)	MORTGAGE/NON-INCOME RESIDENCE 194 WEDGEWOOD DR, WILLIAMSVILLE		X								
JT	AMERICAN HOME FUNDING, RICHMOND VIRGINIA VOLUNTARILY DISCLOSED: $308,228	MORTGAGE/RESIDENTIAL PROPERTY 511 WOODLAND TERR, ALEX. VA.					X					
	SPOUSAL DEBT											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22-23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name BILL PAXON	Page 7 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
ASIA PACIFIC EXCHANGE FOUNDATION		5-26 TO 6-5-95	BUFFALO, NY - BEIJING + SHANGHAI, CHINA - HONG KONG - WASH, D.C. (VOLUNTARILY DISCLOSED COST OF TRIP: $5,000)	Y	Y	N	N
AMERICAN - ISRAEL EDUCATION FOUNDATION		8-16 TO 8-23-95	NEW YORK CITY - ISRAEL - BUFFALO, N.Y. (VOLUNTARILY DISCLOSED COST OF TRIP: $5770)	Y	Y	Y	N
			SPOUSAL TRAVEL DISCLOSED ON ATTACHED FORM				

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

SUSAN MOLINARI
(Full Name)

460 Clawson Street
Staten Island, New York 10306
(Mailing Address)

(718) 987-8400
Daytime Telephone

(Office Use Only)

Filer Status: ☒ Member of the U.S. House of Representatives State New York District 13 ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☒ No ☐

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL
Susan Molinari

DATE (Month/Day/Year)
May 13 1996

Name Susan Molinari | **Page** 2 of 7

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	Preston Gates Ellis et al, Wash DC	Speech	9/12/95	$ 1,000
	Reader's Digest, Pleasantville NY	Article (excerpt)	12/ 1/95	$ 260

Name Susan Molinari | Page 3 of 7

CHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** dentify (a) each asset held for investment or roduction of income with a fair market value xceeding $1 000 at the end of the reporting year nd (b) any other asset or source of income which enerated more than $200 in "unearned" income uring the year For rental property or land provide n address Provide full names of any mutual unds For an IRA or retirement plan that is *self-rected,* list the underlying assets worth more than 1 000 For an IRA or retirement plan that is *not* elf-directed name the institution holding the ccount **xclude.** Your personal residence(s) (unless there is ental income), any debt owed to you by your pouse or by your or your spouse's child, parent, r sibling any deposits totalling $5,000 or less in ersonal savings accounts any financial interests in r income derived from U S Government retirement rograms you so choose, you may indicate that an asset or ncome source is that of your spouse (SP) or ependent child (DC) or is jointly held (JT), in the ptional column on the far left or further information, see Instructions pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None "	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
P Mega Corp Stock C *Examples* SP 123 Main St , Dover Del T 1st Bank of Paducah KY accounts	$15,001 - $50 000 $250 001 - $500 000 $50,001 - $100 000	Dividends Rent Interest	$201 - $1,000 $1 001 - $2,500 $5,001 - $15,000	P
460 Clawson Avenue, SI NY 10306	$100 001 - $250 000	Rent	$1,001 - $2 500	NA
P See Attached Spousal Disclosure				

Name Susan Molinari | **Page** 4 of 7

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	See Attached Spousal Disclosure			

Name Susan Molinari	Page 5 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000 For further information, see nstructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.	$100,001 - $250,000
SP	See Attached Spousal Disclsoure		

Name Susan Molinari **Page** 6 of 7

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-25

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
International Mass Retail Association		May 12 - 13	Washington - Boston - New York	Y	Y	N	No
American Israel Education Foundation		Aug 16 - 23	New York - Israel - New York	Y	Y	Y	No

Name Susan Molinari | **Page** 7 **of** 7

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board Member	March of Dimes, Staten Island Chapter
Member	Public Affairs Committee, Greater NYC March of Dimes
Board Member	Wagner College

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

MC MAY 1[illegible] 1996 (6)
(Office Use Only)

Donald Milford Payne
(Full Name)

19 Bock Avenue
Newark, NJ 07112
(Mailing Address)

202-225-3436
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives — State NJ District 10 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL
Donald M Payne

May 15, 1996
DATE (Month/Day/Year)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Donald M. Payne

Page 2 of 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples* Mega Corp. Stock				X								X							X									P
	Examples 123 Main St., Dover, Del							X						X											X				
	Examples 1st Bank of Paducah, KY accounts					X									X							X							
	Conrail Stock				x								xx								xx								
	First Fidelity Bancorp Stock			xx									xx								xx								
	Copeland Companies Pension Plans				x																								
	Smith Barney Shearson IRA				x																								
	19 Bock Avenue, Newark, NJ					xx								xx									xx						
	Merck & Co. Stock		xx										x							xxx									

For additional assets and unearned income, use next page.

Name Donald M. Payne

Page 3 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, De				x						
	First Fidelity Bank, Newark, NJ	Mortgage on 19 Bock Ave., New			xx							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Donald M. Payne

Page 4 **of** 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Speech at Stanford University (for CBC)	2/4	Bewark-Stanford-Newark	N	Y	N	N
	Speech at National Baptist Convention (for CBC)	2/17 - 2/18	Newark - Cleveland Newarj	Y	Y	N	N
	Speech at National Conference of Black Political Scientists(CBC)	3/10	Washington, DC - Baltimore	Y	Y	N	N
	Aspen Institute Conference "The UN"	4/17 - 4/22	Newark-St. Croix-Newark	Y	N	Y	N
	Speech at Global Cultural Diversity Conference	4/23 - 4/28	Newark - Sydney, Australia Newark	Y	Y	N	N
	Speech at International Longshoremen's Assn. Conf.	7/16 -	Newark - Orlando, FL - Washington, DC	Y	Y	N	N
	Speech at National Assn. of Negro Business & Professional	7/22 -	Newark - Detroit - Newark	Y	Y	N	N
	Women's Banquet (for CBC)	7/23					
	Aspen Institute Conference on International Trade	8/13 8/18	Newark - Quebec City Newark	Y	Y	T	N
	and the US Economy						
	Congressional Black Caucus Foundation meeting	8/20-21	Newark - New Orleans Newark	Y	Y	N	N
	Aspen Institute Conference on U.S, Policy with Eastern Europe	8/24-29	Newark - Turkey - Newark	Y	Y	Y	N

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Name Donald M. Payne | Page 5 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Council	U.S. Committee for UNICEF
Board of Trustees	Newark Boys' & Girls' Clubs
Board of Directors	Newark Day Center
Board of Directors	Newark YMWCA
Board of Directors	Congressional Award Foundation
Board of Directors	Congressional Black Caucus Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

Board of Directors	Newark Fighting Back Initiatives
Board of Directors	National Endowment for Democracy
Commission Member	Advisory Commission on Intergovernmental Relations

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Donald Milford Payne (Full Name)

19 Bock Aenue
Newark, New Jersey 07112 (Mailing Address)

Daytime Telephone 202-225-3436

MC MAY 16 1996 (6)
(Office Use Only)

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

Filer Status ☒ Member of the U S House of Representatives State NJ District 10 ☐ Officer or Employee Employing Office

Report Type ☐ Annual (May 15) ☒ Amendment ☐ Termination Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Donald M Payne

DATE (Month/Day/Year) May 16, 1996

Name Donald M. Payne

Page 2 of 6

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in “unearned” income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be “None.”

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in “NA” for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Conrail Stock				x								xx								xx								
	First Fidelity Bancorp Stock			xx									xx								xx								
	Copeland Companies Pension Plans				x																								
	Smith Barney Shearson IRA				x																								
	19 Bock Avenue, Newark, NJ					xx								xx									xx						
	Merck & Co. Stock		xx										x							xxx									

For additional assets and unearned income, use next page.

Name Donald M. Payne

Page 3 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St. Dover, Del				x						
	First Fidelity Bank, Newark, NJ	Mortgage on 19 Rock Ave., New			xx							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23

Source	Description	Value
Example: Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Donald M. Payne

Page 4 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Speech at Stanford University (for Congressional Black Caucus)		2/4	Newark-Stanford CA-Newark	N	Y	N	N
Speech at National Baptist Convention (for CBC)		2/17 - 2/18	Newark - Cleveland - Newark	Y	Y	N	N
Continental Airlines meeting		2/19 - 2/20	Newark - Houston - Newark	Y	Y	N	N
Speech at National Conference of Black Political Scientists (CBC)		3/20	Washington, DC-Baltimore	T	Y	N	N
Aspen Institute Conference on The United Nations		4/17 - 4/22	Newark - St. Croix - Newark	Y	Y	Y	N
Speech at International Longshoremen's Assn. Conference		7/16 - 7/17	Newark - Orlando, FL - Newark	Y	Y	N	N
Speech at National Assn of Negro Business & Professional Women's Banquet (for CBC)		7/22 - 7/23	Newark - Detroit - Newark	Y	Y	N	N
Aspen Institute Conference on International Trade and the U.S. Economy		8/13 - 8/18	Newark - Quebec City - Newark	Y	Y	Y	N
Congressional Black Caucus Foundation meeting (for CBC)		8/20 - 8/21	Newark - New Orleans - Newark	Y	Y	N	N
Aspen Institute Conference on U.S. Policy with Eastern Europe		8/24 - 8/29	Newark - Turkey	Y	Y	Y	N
Speech at PSEKA, Intl. Coord. Comm., Justice for Cyprus Conf.		8/30 - 9/2	Turkey - Cyprus - Newark	Y	Y	N	N

This page may be copied if more space is required.

Name Donald M. Payne | Page 5 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Advisory Council	U.S. Committee for UNICEF
Board of Trustees	Newark Boys' & Girls' Clubs
Board of Directors	Newark Day Center
Board of Directors	Newark YMWCA
Board of Directors	Congressional Award Foundation
Board of Directors	Congressional Black Caucus Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement

GPO 1996 22-642 mac)

Use additional sheets if more space is required.

Donald M. Payne

Board of Directors	Newark Fighting Back Initiatives
Board of Directors	National Endowment for Democracy
Commission Member	Advisory Commission on Intergovernmental Relations

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

RECEIVED
96 MAY 15 PM 1:58
HAND DELIVERED
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

Lewis F Payne, Jr
(Full Name)

19 Sawmill Creek Road
(Mailing Address)

Wintergreen VA 22958

Daytime Telephone: 202-225-4711

Filer Status	☒ Member of the U S House of Representatives	State VA District: 05	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1 000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you your spouse, or a dependent child have any reportable liability (more than $10 000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/96

Name Lewis F. Payne Jr. | Page 2 of 8

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages [illegible].

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$2,100
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	N/A
	Payne, Ross and Associates	Spouse Salary	$21,[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

Name Lewis F Payne, Jr **Page** 3 **of** 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None "	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP,	*Examples* Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC,	*Examples* SP 123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT	Central Fidelity Bank -CD	$1,001 - $15,000	Interest	None - $200	P
SP	Payne, Ross and Assoc Stock	$15,001 - $50,000	Dividends	None - $200	
	Wintergreen Devel Stock	$1,000,001 - $5,000,000	~~Interest~~ Dividends	None - $200	
	Great Plains Partnership	$100,001 - $250,000	Rent and Interest	None - $200	
	One City Place	$50,001 - $100,000	Rent	None - $200	
	Merrill Lynch - Stock	$1,001 - $15,000	Dividends	None - $200	
	Condo - Washington, D C	$250,001 - $500,000	Rent	None - $200	
	Loans to Payne for Congress	None - $1,000	Interest	$201 - $1,000	
JT	206 E Jefferson Street Partnership	$15,001 - $50,000	Rent	None - $200	

Name Lewis F. Payne, Jr. Page 4 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

174 Chestnut Springs - Wintergreen	$15,001 - $50,000	Capital Gains	None - $200	
LFP Retirement Trust	$250,001 - $500,000	Pension Income	$15,001 - $50,000	

Name Lewis F Payne, Jr	**Page** 5 of 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Fidelity - Aggresive	Sold	2-21-95	$1,001 - $15,000
JT	Fidelity - Magellan	Sold	2-21-95	$15,001 - $50,000
JT	Fidelity - Magellan	Sold	10-19-95	$1,001 - $15,000

Name Lewis F Payne, Jr **Page** 6 of 8

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you your spouse, or dependent child Mark the highest amount owed during the year **Exclude**. Any **mortgage** on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10 000 For further information, see Instructions, **pages 21-22**

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover Del	$100 001 - $250 000
JT	Central Fidelity Bank	Mortgage on 12 3rd Street NE, Washington, D C	$100,001 - $250 000
JT	Central Fidelity Bank	Note	$15,001 - $50,000
JT	Central Fidleity Bank	Credit Line	$50,001 - $100,000
JT	Central Fidelity Bank	Credit Line	$100,001 - $250,000

Name Lewis F. Payne, Jr. | Page 7 of 8

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S.C 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Virginia Movers and Warehouse Association Conference	5-4 to 5-5	Wash., D.C. - Myrtle Beach, S.C.	Y	Y	N	
Leaf Tobacco Exporters Assoc.	5-30	Charlottesville, VA - Lewistown, WVA - Charlottesville, VA	N	Y	N	
Philip Morris Congressional Conference	6-12	Danville, VA - Charlotte, NC - Danville, VA	N	Y	N	
Bright Belt Warehouse Assoc. Conference	6-22 to 6-25	Wash, D.C. - Savanah, GA - Wash, D.C.	Y	Y	N	
American Railroad Assoc. Legislative Conference	7-7 to 7-9	Richmond, VA - Jackson Hole, WY - Richmond, VA	Y	Y	Y	
Danville Tobacco Market Opening Ceremonies - Dimon, Inc.	7-19	Wash, D.C. - Danville - Wash, D C.	N	N	N	

Name Lewis F Payne Jr Page 8 of 8

SCHEDULE VIII -- POSITIONS

Report all positions compensated or uncompensated held during the current calendar year as an officer, director, trustee of an organization partner proprietor, representative, employee, or consultant of any corporation, firm partnership or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25-26

Exclude Positions held in any religious, social fraternal or political entities positions solely of an honorary nature and positions listed on Schedule I

Position	Organization
President	Wintergreen Development Inc

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Page 1 of 16 (16)
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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

NANCY PELOSI
(Full Name)

ONE BUSH STREET, #1100
(Mailing Address) Daytime Telephone

SAN FRANCISCO, CA 94104

MC HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives State: CA District: 8th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	**Yes** ☒ **No** ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	**Yes** ☐ **No** ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	**Yes** ☐ **No** ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	**Yes** ☒ **No** ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	**Yes** ☒ **No** ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	**Yes** ☒ **No** ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	**Yes** ☒ **No** ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	**Yes** ☐ **No** ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	**Yes** ☒ **No** ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	**Yes** ☐ **No** ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	**Yes** ☐ **No** ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Nancy Pelosi

DATE (Month/Day/Year): 05/15/96

Name NANCY PELOSI | Page 2 of 16

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1 000 For further information, see Instructions, pages 12 13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6 000
State of Maryland	Legislative Pension	$9 000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1 000
Ontario County Board of Education	Spouse Salary	NA
Nancy Pelosi	(none)	
Spouse:		
Financial Leasing Services, Inc.	Salary	N/A
Auberge Associates	Management Fee	N/A
Potomac Investment Associates	Management Fee	N/A
Yerac Associates (Carey Associates)	Management Fee	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name NANCY PELOSI

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SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name NANCY PELOSI

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BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self directed, name the institution holding the account.

Exclude. Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples* SP Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
SP	ACT Networks Common Stock			X												X					X								P
SP	Ashlar, Inc., Sunnyvale, CA				X																								
	Common Stock																												
SP	Auberge de Soleil, Rutherford, CA							X					X	X										X					
	Owns and operates a hotel resort																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NANCY PELOSI

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Bank of America, San Francisco, CA			X											X					X									
	Savings account																												
SP	Borel Estate Company					X								X	X									X					
	Owns shopping center																												
JT	B.F. Enterprises Public common stock			X																									
SP	Cannondale Corp. Public common stock			X																									
SP	Carey (Yerac)Assoc., LP, San Francisco, CA								X				X		X											X			
	Limosine business																												
SP	Carey International, Washington, DC					X							X											X					
	Common and preferred stock																												
SP	Castelle Inc., Santa Clara, CA					X																							
	Common and preferred stock																												
SP	Chalone, Inc., Public common stock			X																									
SP	Container Programs, Inc., San Francisco, CA							X																					
	Equipment leasing company																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NANCY PELOSI

Page 6 of 16

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 - $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Convest Energy Corp. Public Common Stock		X																										
JT	Congressional Credit Union			X											X						X								
	Washington, DC																												
SP	EDI Associates (Hotel investment), Mill Valley, CA						X						X	X											X				P
SP	Entertainment Express, S.San Francisco, CA					X																							
	Operates cable TV services																												
SP	Fiberstar, Inc. Public Common Stock		X																										
SP	Financial Leasing Services, San Francisco, CA							X																					
	Leasing and investment company																												
SP	Forty-Five Belden Corp., San Francisco, CA								X				X													X			
	General Partner of Carey Assoc.																												
SP	Grantline 208, LP, Sacramento, CA							X																					
	208 acres of raw land																												
JT	Genway Corp., Chicago, IL		X										X								X								
	Common Stock, grantor trust																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name NANCY PELOSI

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	McGrath Rentcorp Public common stock							X					X											X				
SP	Mercury Interactive Corp. Public common stock		X																									
SP	Microtest, Inc. Public common stock		X																									
SP	Mosher Partners, LP, Sacramento, CA							X																				
	550 acres raw land																											
SP	NationsBank, Washington, DC			X											X					X								
	Savings account																											
SP	Nautilus Leasing Services				X																							
	Container leasing company																											
SP	Netscape Communications, Corp.			X												X							X					P
	Public Common Stock																											
SP	Nine Hundred One Battery Street				X									X									X					
	San Francisco, CA																											
	Real estate partnership																											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NANCY PELOSI

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	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Odwalla, Inc. Public Common Stock					X																							
SP	PIA-A Avenel, Potomac, MD						X							X	X											X			
	Real estate development																												
SP	PIA-Natelli Communities, Gathersburg, MD						X																						P
	Real estate development company																												
SP	Piatti Restaurant Co., Tiburon, CA								X				X																
	Restaurant operating company																									X			P
SP	Potomac Investment Assoc., Gaithersburg, MD								X				X			X										X			
	Real estate development company																												
SP	Read-Rite Corp., Milipitas, CA						X																						
	Public common stock																												
JT	Robert Half International							X																					
	Public common stock																												
SP	San Ysidro Ranch, LP, Montecito, CA					X								X	X								X						
	Owns resort hotel																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NANCY PELOSI

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	San Ysidro Ranch Management Co.						X							X	X									X					
	Montecito, CA, Manages resort hotel																												
SP	Tampa Investment Assoc., Westlake Village, CA			X																									
	Dividend from Potomac Inv. Assoc.																												
SP	Telltabs, Inc.					X																							
	Public common stock																												
SP	Trux-gate Associates, LP Sacramento, CA						X																						P
	Real estate partnership																												
SP	UnionBank, San Francisco, CA		X												X					X									
	Savings account																												
SP	Vanguard Airlines, Inc.		X																										P
	Public common stock																												
JT	Alpine Place, Alpine Meadows, CA					X																							
	Condominium apartment																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NANCY PELOSI

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	45 Belden Place, San Francisco, CA								X					X												X			
	Four story commercial building																												
SP	3239 Webster St., San Francisco, CA							X						X										X					
	Single family residence																												
JT	Skellenger Lane, Napa, CA							X						X									X						
	8 acre vineyard																												
JT	Zinfandel Lane, St. Helena, CA								X					X												X			
	18 acre vineyard and rental property																												

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SCHEDULE IV — TRANSACTIONS

Name NANCY PELOSI

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
SP	Remedy Corp. Common Stock	X			03/10/95	X									
	Remedy Corp. Common Stock		X		03/28/95	X									
SP	UU Net Technologies Inc. Common Stock	X			05/25/95	X									
	UU Net Technologies Inc. Common Stock		X		05/26/95	X									
SP	Opal, Inc. Common Stock	X			05/18/95	X									
	Opal, Inc. Common Stock		X		05/26/95	X									
SP	Legato Systems, Inc. Common Stock	X			07/06/95	X									
	Legato Systmes, Inc. Common Stock		X		07/06/95	X									
SP	ACT Networks, Inc. Common Stock	X			05/03/95	X									
	ACT Networks, Inc. Common Stock (partial sale)		X		07/12/95	X									
SP	Netscape Communications, Inc. Common Stock	X			08/09/95	X									
	Netscape Communications, Inc. Common Stock (partial sale)		X		08/09/95	X									
	Netscape Communications, Inc. Common Stock (partial sale)		X		12/05/95	X									
SP	EDI Assoc., Mill Valley, CA Investment Partnership	X			04/01/95					X					
SP	Trux-Gate Ltd., Sacramento, CA, Real estate partnership	X			01/01/95					X					
SP	Vanguard Airlines Common Stock	X			11/03/95				X						

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SCHEDULE IV — TRANSACTIONS (cont.)

Name NANCY PELOSI

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-95		X								
SP	Piatti Restaurant Co. (increased investment)	X			10/01/95				X						
SP	PIA-Natelli Communities (increased investment	X			12/15/95			X							
SP	Wells Fargo Bank, Bank Acct (account closed)		acct closed		1/1/95		X								

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Name NANCY PELOSI

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Placer Savings, CA	Mortgage on Alpine Place Alpine Meadows, CA			X							
SP	Home Savings, CA	Mortgage on 3239 Webster St. San Francisco, CA					X					
SP	Wells Fargo Bank, San Francisco, CA	Mortgage on 45 Belden Place San Francisco, CA							X			
JT	Bank of America, CA	Mortgage on 11 Zinfandel Lane St. Helena, CA							X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES (cont.)

Name NANCY PELOSI

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Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
SP	Nations Bank, Washington, DC	Line of Credit					X					
SP	Union Bank, California	Line of Credit						X				
SP	Hambrecht & Quist, San Francisco, CA	Margin Account						X				
SP	Portsmouth Securities, San Francisco, CA	Margin Account		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name NANCY PELOSI

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Aspen Institute Conference Aspen, Colorado		Aug. 20-25	San Francisco, CA-Aspen, CO Aspen, CO-San Francisco, CA	Y	Y	Y	Y Sponsor 4 days Personal 1 day

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Congressional Asian Pacific American Caucus Institute
Board of Directors	National Italian American Foundation
Board of Directors	World Center

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

⑥

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U.S. HOUSE OF REPRESENTATIVES

MC

(Office Use Only)

Collin C. Peterson
(Full Name)

Route 2 Box 287
Detroit Lakes, MN 56501
(Mailing Address)

Daytime Telephone: (202) 225-2165

Filer Status	☒ Member of the U.S. House of Representatives	State: MN District: 07	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
May 15, 1996

Name Collin C. Peterson

Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Ralph Hall for Congress	musician fee	$250.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Collin C. Peterson

Page 3 **of** 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Peterson Fox, Inc. - common stock				X														X										
	Lakeland Estates, Inc. notes & common stock			X											X	X			X										
	Lakewest Properties - partnership			X										X									X						
	Bekkerus Schott & Co. - contract				X										X	X							X						

For additional assets and unearned income, use next page.

Name Collin C. Peterson

Page 4 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Peterson Fox, Inc.: 50% ownership	demand loan created when the stock was issued 1-1-90		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Collin C. Peterson **Page** 5 **of** 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Crop Protection Assn.		Sept.22-24	Wash.DC - White Sulphur Springs, WV - Wash.DC	Y	Y	N	N

This page may be copied if more space is required.

Name Collin C. Peterson **Page** 6 **of** 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President & unpaid Director	Peterson Fox, Inc
President & unpaid Director	Lakeland Estates, Inc.
Partner	Lakewest Properties

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
12-27-90	self & Bekkerus Schott & Co., Ltd.	payments for former business payable over 6 years

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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A $200 penalty shall be assessed against anyone who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Douglas B. "Pete" Peterson
(Full Name)

P. O. Box 5781
Marianna FL 32447
(Mailing Address)

Daytime Telephone: 202/225-5235

Filer Status	☒ Member of the U.S. House of Representatives	State: FL District: 02	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
14 May 96

Name Douglas B. "Pete" Peterson | Page 1 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP, DC, JT	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
Examples:	Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	CRT Computers, Inc. (Stock)	$100,001 - $250,000	Dividends	None - $200	
	CRT Computers Inc. (Loan)	$1,001 - $15,000	Interest	None - $200	
	CAR-JUN (R/E Partnership)	$100,001 - $250,000	Rent	$5,001 - $15,000	
	Carribean Cattle Company (Stock)	$50,001 - $100,000	Dividends	None - $200	
	Pentagon Federal Credit Union Account	$1,001 - $15,000	Interest	None - $200	
	Citizen Bank, Marianna, FL (Account)	None - $1,000	Interest	None - $200	
	Neal Enterprises, Inc. (Stock)	$15,001 - $50,000	Rent/Interest	None - $200	
	Congressional Federal Credit Union (Account)	$1,001 - $15,000	Dividends	None - $200	

Name Douglas B. "Pete" Peterson | **Page** 2 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Lot, Sunny Hills, FL	$1,001 - $15,000	None	None - $200	
	Neuberger-Mutual Fund	$15,001 - $50,000	Dividends/Capital Gains	$201 - $1,000	
	Janus Group-Mutual Funds	$15,001 - $50,000	Dividends/Capital Gains	$201 - $1,000	
	Fidelity -IRA Mutual Fund	$1,001 - $15,000	N/A	None - $200	
	Citizens Bank, Marianna, FL-IRA	$1,001 - $15,000	N/A	None - $200	
	Fidility Investments	$1,001 - $15,000	Dividends	None - $200	
*	Veterans' Administration	None	Disablity Pension	$2,501 - $5,000	
*	Department of Air Force	None	Retirement Pension Suspended	NA	
	Neuberger-IRA-Guardian	$15,001 - $50,000	N/A	NA	

* NOT REQUIRED to REPORT

Name Douglas B. "Pete" Peterson | **Page** 3 of 4

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Citizens Bank, Marianna, FL	Mortgage on rental property: 4351 Lafayette Street, Marianna.	$50,001 - $100,000

Name Douglas B. "Pete" Peterson | **Page** 4 of 4

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

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Position	Organization
Vice President	CRT Computers, Inc Marianna, FL (inactive)

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995**	**FORM A** For use by Members, officers, and employees

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THOMAS E. PETRI
(Full Name)

N 5329 DENEVEU LANE
FOND DU LAC WIS. 54935
(Mailing Address)

414-922-1180
(Daytime Telephone)

Filer Status	☑ Member of the U.S. House of Representatives — State WISCONSIN District SIXTH	☐ Officer or Employee — Employing Office:	
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
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VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
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IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

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SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
April 29, 1996

Name T. E. PETRI | Page 2 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	REGULAR COMMON CARRIERS CONFERENCE	SPEECH	FEB. 25, 1995	$1,000
	PTI JOURNAL CONFERENCE	SPEECH	FEB. 27, 1995	$1,000
	SPECIALIZED CARRIERS ASSN.	SPEECH	MARCH 11, 1995	$2,000
	ASSOCIATED EQUIPMENT DISTRIBUTORS	SPEECH	APRIL 5, 1995	$750
	OCEAN SPRAY GROWERS CO-OP.	SPEECH	FEB 12, 1995	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name T. E. Petri

Page 3 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Wisconsin Retirement Acct.			X									X		X	X			NA										
	Strong Total Return Fund			X									X		X	X			NA										
	Strong Growth Fund		X										X		X	X			NA										P
	Janus Fund				X								X		X	X			NA										
	Firstar Corp, Stock								X				X												X				P, S
	American Home Products Stock		X										X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. E. PETRI

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	WALGREEN CO., STOCK,								X				X											X					S
	BANDAG CO., STOCK					X							X								X								P
	ASSOCIATED BANCORP, STOCK		X										X						X										P
	DOLE CO., STOCK.			X									X							X									S
	OVERSEAS SHIPHOLDING GRP, STOCK				X								X								X								
	LLOYD'S OF LONDON	X													X	X							X						
	MERRILL LYNCH CASH MANAGEMENT ACCT.		X												X					X									
	COMMERCE CLEARING HOUSE, STOCK.					X							X								X								
	MARSHALL & ILSLEY BANK CORP, STOCK						X						X										X						
	NORTHWEST MUTUAL LIFE INS.			X									X								X								
	BERKSHIRE HATHAWAY, STOCK.				X														X										
	UAL CORP., STOCK		X																X										
	FIRSTAR TRUSTS, CASH		X												X					X									
	PORTICO US TREASURY FUND				X										X							X							
	U.S. TREASURY BONDS & NOTES					X																	X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. E. Petri

Page 5 of 9

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	A.T.&T. Corp., Stock			X									X							X									
	AirTouch Communications Corp, Stock		X																X										
	American Electric Power, Stock			X									X								X								
	Ameritech Corp., Stock			X									X								X								
	Bell Atlantic Corp., Stock			X									X							X									
	Bell South Corp., Stock			X									X							X									
	Giddings & Lewis, Inc. Stock		X										X						X										
	Nynex Corp., Stock		X										X						X										
	Pacific Telesis Group, Stock		X										X						X										
	SBC Communications, Stock		X										X						X										
	US West, Inc. Stock		X																										

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SCHEDULE IV — TRANSACTIONS

Name T. E. PETRI

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
	DOLE FOOD CO. COMMON STOCK		X		1/11/95	X									
	DOLE FOOD CO. COMMON STOCK		X		5/4/95	X									
	FIRSTAR CORP. COMMON STOCK		X		6/23/95			X							
	WALGREENS COMMON STOCK		X		6/23/95			X							
	FIRSTAR CORP., COMMON STOCK	X			6/7/95	X									
	FIRSTAR CORP., COMMON STOCK	X			8/30/95	X									
	FIRSTAR CORP., COMMON STOCK	X			12/4/95	X									
	STRONG GROWTH FUND, MUTUAL FUND	X			9/12/95	X									

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Name T. E. PETRI

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	MERRILL LYNCH	LOAN SECURED BY STOCK					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name T. E. PETRI | Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
REGULAR COMMON CARRIERS CON		FEB 24-25, 1995	WASH., D.C - LAGUNA NIGUEL, CALIF. - WASH., D.C	Y	Y	N	N
SPECIALIZED CARRIERS ASSN.		MARCH 10-11, 1995	WASH., D.C - ALBUQUERQUE N.M. - WASH., D.C.	Y	Y	N	N
OCEAN SPRAY GROWERS CO-OP.		FEB 12, 1995	WASH., D.C. - LAS VEGAS, NEV. WASH. D.C.	N	Y	N	N

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Name T. E. PETRI

Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	LLOYDS, UNDERWRITING INSURANCE RISKS, LONDON, ENGLAND
DIRECTOR	SOCIETY INSURANCE, FOND DU LAC, WISCONSIN (FORMERLY THRESHERMEN'S MUTUAL INS., CO.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 14 PM 4:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(11)

MC HAND DELIVERED
(Office Use Only)

OWEN BRADFORD PICKETT
(Full Name)

2430 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202) 225-4215

Filer Status	☒ Member of the U.S. House of Representatives — State: VA District: 2nd	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	**Yes** ☐	**No** ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	**Yes** ☐	**No** ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	**Yes** ☒	**No** ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	**Yes** ☒	**No** ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	**Yes** ☒	**No** ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	**Yes** ☐	**No** ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	**Yes** ☐	**No** ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	**Yes** ☒	**No** ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	**Yes** ☐	**No** ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	**Yes** ☐	**No** ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	**Yes** ☐	**No** ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Owen B Pickett

DATE (Month/Day/Year) 5-14-96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name OWEN BRADFORD PICKETT

Page 2 of 11

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
Examples:	123 Main St., Dover, Del.							X						X											X				
Examples:	1st Bank of Paducah, KY accounts					X									X							X							
	Brass Circle Assocs. Note Receivable (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)					X													X										
	1412 Linlier Dr., Va. Beach, VA (Rental of personal ~~residence~~)						X							X									X						
	Beverly Enterprises Mortgage Receivable						X								X	X								X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OWEN BRADFORD PICKETT

Page 3 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Cranston Lane Assocs. (Business: Ownership, rental, improvement & sale of real estate, Va.Beach, VA)						X							X	X									X					
	Shipps Corner Nursery Co. (Business: Ownership, rental, improvement & sale of real estate, Va.Beach, VA)						X												X										
	Lynnhaven Station Co. (Business: Ownership & rental of commercial offices, Va.Beach, VA)						X							X	X							X							
	Sherwood Crossing Assocs. (Business: Apartment construction & rental, Richmond, VA)			X										X	X						X								
	Toll South Assocs. (Business: Ownership, rental improvement & sale of real estate, Va.Beach, VA)						X							X										X					
	Caroline County, VA. farms (Acreage: 795 acres plus 328 acres (half-interest))								X					X									X						
	Harrell Farm Co. (Business: Farm Investments, Va.Beach, VA)				X										X	X				X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OWEN BRADFORD PICKETT

Page 4 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Magnolia Meadows Assocs. (Business: Ownership, rental improvement & sale of real estate, Va. Beach, VA)						X							X	X									X					
	GRA Independence Assocs. (Business: Ownership, rental improvement & sale of real estate, Va. Beach, VA)			X															X										
	Acreage, Hanover Co., VA (1/2 int. in 28 acres)						X												X										
	Sylakama, Inc. (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)						X							X	X	X							X						
	Boulevard Land Trust (Business: Real estate investments in Va. Beach, VA property)	X																	X										S
	Cenit Bancorp Inc. (Princess Anne Bank acquired in '95)					X									X							X							E
	Commonwealth of VA DCP-State Retire.			X									X							X									
	VA Retirement System		X												X					X									
SP	Nationwide Health Properties					X							X											X					
SP	Capital One Financial Corp (stock split/spin off from Signet Banking Corp. 3/95)		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OWEN BRADFORD PICKETT

Page 5 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Chase Manhattan Corp.		X										X						X										
SP	Mid-America Realty		X										X							X									
SP	Federal Paper Board Co.	X											X						X										S
SP	First Union Corp.		X										X							X									
SP	Ford Motor Co.		X										X							X									
SP	HRE PPTYS		X										X							X									
SP	IRT PPTY Co (Georgia)			X									X								X								
SP	MGI Properties			X									X								X								
SP	Signet Banking Corp			X									X							X									
SP	Money Market - cash			X									X							X									
SP	Bowater Inc.	X											X						X										S
	IRA - Spouse - Paine Webber Acct.																												
	(formerly Kidder, Peabody) consisting of:																												
	Mid-America Realty		X										X							X									
	General Electric		X										X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name [illegible]

Page of

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	IRA - Spouse - continued: HRE PPTYS		X										X						X										
	MGI Properties		X										X						X										
	IRT Property Co.		X										X							X									
	Nationwide Realty PPTYS Inc.				X								X									X							
	Real Estate Inv Tr Cal SBI		X										X							X									
	RMA Government Portfolio (Cash/ Money Fd)		X										X						X										P
	IRA - Self - Paine Webber Acct. (formerly Kidder, Peabody) consisting of:																												
	American Brands, Inc.		X										X						X										
	Capital One Financial Corp (stock split/spin off from Signet Banking Corp. 3/95)			X									X							X									
	Chase Manhattan			X									X							X									
	Chemical Banking Corp.		X										X							X									
	Copley PPTYS Inc.		X										X							X									
	Mid-America Realty			X									X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OWEN BRADFORD PICKETT

Page 7 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	IRA - self - CONTINUED: Federal Realty Inv. Trust			X									X								X								
	First Union Corp.			X									X							X									
	Georgia Pacific Corp.		X										X							X									
	HRE PPTYS		X										X							X									
	IRT Property Co.			X									X								X								P
	MGI Properties			X									X								X								
	Nationwide Health PPTYS Inc.				X								X									X							
	Novacare Inc.		X										X						X										P
	Real Estate Inv. Tr Cal SBI			X									X								X								
	Signet Banking Corp.			X									X							X									
	Mark Centers Trust SBI		X										X								X								
	RMA Government Portfolio (Cash/ Money Fd)		X										X						X										P

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SCHEDULE IV — TRANSACTIONS

Name OWEN BRADFORD PICKETT

Page 8 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–95		X								
	Boulevard Land Trust		X		5-24-95		X								
SP	Federal Paper Board Co.		X		3-2-95	X									
SP	Bowater Inc.		X		1-26-95										
	IRA - SELF:														
	Novacare Inc.	X			8-24-95	X									
	IRT Property Co.	X			12-28-95	X									
	RMA Government Portfolio (Cash/Money Fd)	X			11-20-95	X									
	IRA - SPOUSE:														
	RMA Government Portfolio (Cash/Money Fd)	X			11-20-95	X									
	Cenit Bancorp (exchanged Princess Anne stock when Cenit acquired Princess Anne)			X	8-3-95				X						

This page may be copied if more space is required.

Name	OWEN BRADFORD PICKETT	Page 9 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
	First Union - Paid off in 1995	Business Investments		X								
	Cenit Savings Bank, Norfolk, VA	Business Investments				X						
	E.D. & C.D. Proffitt	Farm Mortgage - Caroline Co			X							
	Princess Anne Commercial Bank	Business Investments					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name OWEN BRADFORD PICKETT	**Page** 10 **of** 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Officer & Director	Sylakama, Inc.
Partner	Harrell Farm Co.
Partner	Lynnhaven Station Co.
Partner	Brass Circle Assoc.
Partner	Toll South Assoc.
Partner	Cranston Lane Assoc.

CONTINUED

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

PART VIII - POSITIONS ** continued **

POSITION	NAME OF ORGANIZATION
Partner	Shipps Corner Nursery Co.
Partner	GRA Independence Assoc.
Partner	Magnolia Meadows Assoc.
Partner	Sherwood Crossing Assoc., LP

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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Richard William Pombo
(Full Name)

1519 Longworth H.O.B.
Washington, D.C. 20515
(Mailing Address)

202-225-1947
Daytime Telephone

Filer Status ☒ Member of the U S House of Representatives State CA District 11 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Richard Pombo

DATE (Month/Day/Year) 5/14/96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard W. Pombo

Page 2 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples. Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Westside Bank Common Stock		x										x							x									
	R. Pombo Ranch II					x							Partnership						x										

For additional assets and unearned income, use next page.

Name Richard W. Pombo	Page 3 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Bank of Stockton	Personal		X								
JT	Congressional Federal Credit Union	Revolging Charge	X'									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Richard W. Pombo

Page 4 of 5

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Cattlemen's Assoc.	1/27-1/29	Wash-Nashville-Wash,DC	Y	Y	N	N
	Western States Meats Assoc.	2/17-2/19	Wash - San Fran.-Wash,DC	Y	Y	N	N
	Western Forest Indus. Assoc	3/3-3/4	Wash-Phoenix-Wash, DC	Y	Y	N	N
	Society of Environmental Journalists	5/19-5/20	Wash-Los Angeles-Wash,DC	Y	Y	N	N
	Amway Corporation	6/8-6/10	Wash - Michigan-Wash,DC	Y	Y	Y	N
	California Cattlemen's Assoc	11/30-12/1	Wash-SF-Monterey-SF-Wash	Y	Y	N	N

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Name Richard W. Pombo	Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	R. Pombo Ranch II

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22–642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Congressman Earl Pomeroy
(Full Name)

1533 Longworth House Office Building
(Mailing Address)

(202) 225-2611
Daytime Telephone

Filer Status: ☒ Member of the U.S. House of Representatives State ND District At-Large ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A **$200 *penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☒ No ☐

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Earl Pomeroy

DATE (Month/Day/Year) 5/15/96

Name Congressman Earl Pomeroy	Page 2 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1994 Aug. 13, 1994	$2,000 $500
Council of Insurance Agents and Brokers	Speech	2-5-95	$2000
National Association of Independent Insurers	Speech	3-27-95	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Congressman Earl Pomeroy

Page 3 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	B: A None – $1,000	B: B $1,001 – $15,000	B: C $15,001 – $50,000	B: D $50,001 – $100,000	B: E $100,001 – $250,000	B: F $250,001 – $500,000	B: G $500,001 – $1,000,000	B: H $1,000,001 – $5,000,000	B: I $5,000, 001 – $25,000,000	B: J $25,000,001 – $50,000,000	B: K Over $50,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	D: I None – $200	D: II $201 – $1,000	D: III $1,001 – $2,500	D: IV $2,501 – $5,000	D: V $5,001 – $15,000	D: VI $15,001 – $50,000	D: VII $50,001 – $100,000	D: VIII $100,001 – $1,000,000	D: IX $1,000,001 – $5,000,000	D: X Over $5,000,000	E: P, S, E
Examples. SP	Mega Corp. Stock				X								X							X									P
Examples. DC	123 Main St., Dover, Del							X						X											X				
Examples. JT	1st Bank of Paducah, KY accounts					X									X							X							
	Guarantee Mutual Life Co.		X												X					X									
SP	Bank Center First (checking)		X												X					X									
JT	Bank Center First (savings)		X												X					X									
	Congressional Federal Credit Union		X												X					X									
SP	Crestar Bank		X												X				X										
	Farmers and Merchants Bank		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Congressman Earl Pomeroy

Page 4 **of** 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Investments held through IDS-- Investor Diversified Services, Minneapolis MN 55440																												
SP	IDS (savings)		X												X					X									
SP	*IRA-IDS 106-3994214-2-002		X										X																
SP	*IRA-IDS 124-3994214-1-002		X										X																
SP	*IRA-IDS 128-3994214-6-002		X										X																
	*IRA-IDS 136-3994214-6-002			X									X																
	*IRA-IDS 137-4242062-6-002		X										X																
	*IRA-IDS 138-4242062-5-002		X										X																
SP	*Deferred Comp Plan-IDS			X											X														
	*Deferred Comp Plan-IDS			X											X														
SP	*Public Employees Retirement System			X											X														
	*Public Employees Retirement System			X											X														
	Basement Apartment--Rental Income		X											X								X							
	3721 Fulton, Washington DC																												
	*INVESTED WITH INSTITUTION AND INDIVIDUAL HAS NO DISCRETION REGARDING HUCHASES OR SALES OF ASSETS IN ACCOUNTS																												

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Name Congressman Earl Pomeroy **Page** 5 **of** 5

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
UND Aerospace Foundation		June 10	Grand Forks, ND-Ithaca, NY Ithaca, NY-Wash., DC	N	N	N	N
SunAlliance Corporation		Nov. 27-28	New York, NY-Wash., DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

JOHN EDWARD PORTER
(Full Name)
1625 SHERIDAN ROAD
WILMETTE, IL 60091
(Mailing Address)
847-920-0202
(Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives	State ILLINOIS District 10TH	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS– Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION– Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6 §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-15-96

Name JOHN EDWARD PORTER | Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
FEE AS GUARDIAN OF THE ESTATE OF A DISABLED PERSON, NOW DECEASED		GUARDIANSHIP FEE (FINAL)	3,500
(S) THE HUMAN RIGHTS ALLIANCE, FDN		SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name JOHN EDWARD PORTER

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SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
COLEMAN/BARRETT'S WASHINGTON FOCUS		SPEECH	SEPT. 28, 1995	1,500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	CONG. FED. CREDIT UNION INDIVIDUAL RETIREMENT ACCT		X												X					X									
	FRANKLIN U.S. GOVT. SEC. FUND INDIVIDUAL RETIREMENT ACCT		X												X					X									
S	FIRST MIDWEST BANK, DEERFIELD, IL IND. RETIREMENT ACCT		X												X					X									
S	CONG. FED. CREDIT UNION INDIVIDUAL RETIREMENT ACCT		X												X					X									
S	FRANKLIN U.S. GOV. SEC. FUND INDIVIDUAL RETIREMENT ACCT		X												X					X									
	UNDIVIDED ½ INTEREST IN UNDEVELOP LOT IN SEBASTIAN HIGHLANDS, FL		X												~~X~~					~~X~~									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN EDWARD PORTER

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	ALLSTATE CORP (COMMON) STOCK		X										X						X										P
JT	BALTIMORE GAS & ELEC CO. STOCK (COMMON)		X										X							X									
JT	BOSTON EDISON CO. STOCK (COMMON)		X										X						X										
JT	BRISTOL-MYERS SQUIBB STOCK (COMMON)		X										X							X									
JT	CENTRAL & SOUTHWEST CORP STOCK (COMMON)			X									X								X								
JT	CITICORP STOCK (PREFERRED)		X										X							X									
JT	EQUITABLE RESOURCE, INC. STOCK (COMMON)			X									X							X									
JT	EXXON CORP STOCK (COMMON)			X									X								X								
JT	FIRST OF AMERICA BANK CORP. STOCK (COMMON)		X										X							X									
JT	F L P GROUP, INC. STOCK (COMMON)		X										X							X									
JT	FLORIDA PROGRESS CORP STOCK (COMMON)		X										X							X									
JT	MADISON GAS + ELEC. CO. STOCK (COMMON)		X										X							X									
JT	PECO ENERGY CO. STOCK (COMMON)		X										X						X										
JT	PACIFICORP STOCK (COMMON)		X										X							X									
JT	POTOMAC ELEC POWER CO. STOCK (COMMIN)		X										X						X										

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SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name JOHN EDWARD PORTER

Page 6 of 10

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	SEARS ROEBUCK & CO. STOCK (PREFERRED)		X										X							X									
JT	TENNECO, INC. STOCK (COMMON)		X										X							X									
JT	UNICOM CORP STOCK (COMMON)		X										X						X										
JT	UNISYS CORP STOCK (PREFERRED)		X										X							X									
JT	WPL HOLDINGS, INC. STOCK (COMMON)		X										X							X									
JT	WESTERN RES., INC. STOCK (COMMON)		X										X							X									
JT	WISCONSIN ENERGY CORP. STOCK (COMMON)			X									X								X								
JT	FRANKLIN U.S. GOVT. SEC. FUND				X								X										X						
JT	FORD MOTOR CREDIT CORP. NOTE 6 3/8% DUE 1999		X												X					X									
JT	GENERAL MOTORS ACCEPTANCE CORP BOND 7% DUE 2000		X												X					X									
JT	SEARS CORP. NOTE 8.45% DUE 1998		X												X					X									
JT	ROMANO BROS. & CO. EVANSTON, IL (STOCK BROKERS) CASH ACCT.		X																										

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SCHEDULE IV — TRANSACTIONS

Name JOHN EDWARD PORTER Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
JT	BOISE CASCADE CORP ~~COMMON~~ STOCK (PREFERRED)		X		01-05-95	X									
JT	EASTMAN KODAK NOTES 9 1/8% DUE 1998		X		03-01-95	X									
JT	ALLSTATE CORP STOCK (COMMON)	X				X									

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Name JOHN EDWARD PORTER Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	CONG. FEDERAL CREDIT UNION	LINE OF CREDIT		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name JOHN EDWARD PORTER | Page 9 of 10

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	THE ASPEN INSTITUTE	FEB 17 - FEB 20	WASH, D.C. - NAPLES, FLA - WASH, D.C.	Y	Y	Y	N
	THE ARMENIAN ASSEMBLY	MAR 3 - MAR 5	WASH, D.C. - DEERFIELD BEACH, FLA - WASH, D.C.	Y	Y	Y	N
	YOUNG PRESIDENTS' ORGANIZATION	APR 10 - APR 11	WASH, D.C. - KEY LARGO, FLA. - WASH, D.C.	Y	Y	N	N
	THE ASPEN INSTITUTE	APR 17 - APR 20	WASH, D.C. - ST. CROIX, V.I. - WASH, D.C.	Y	Y	Y	N
	THE WHARTON SCHOOL, U. OF PENNSYLVANIA	MAY 4	WASH. D.C. - PHILADELPHIA, PA - WASH, D.C.	N	N	N	N
	PANCYPRIAN ASSOCIATION OF AMERICA	MAY 20 - MAY 22	WASH, D.C. - NEW YORK, N.Y. - WASH, D.C.	Y	Y	Y	Y
	THE ALBERT & MARY LASKER FOUNDATION	SEPT 29	WASH, D.C. - NEW YORK, N.Y - WASH D.C.	N	Y	N	N
	GLOBE USA	NOV 9 - NOV 12	WASH, D.C - BRUSSELS, BELGIUM - WASH, D.C.	Y	Y	Y	N

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Name JOHN EDWARD PORTER | Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	POPULATION RESOURCE CENTER
CO-CHAIRMAN	CONGRESSIONAL HUMAN RIGHTS CAUCUS
PRESIDENT & CHAIRMAN	GENERAL SERVICES CORPORATION
CO-CHAIRMAN	GLOBE USA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

ROBERT J PORTMAN
(Full Name)

203 MIAMI AVENUE
(Mailing Address)

TERRACE PARK OH 45174

Daytime Telephone: 202-225-3164

Filer Status	☒ Member of the U.S House of Representatives	State OH District 02	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☒ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL Rob Portman

DATE (Month/Day/Year) 5/15/96

Name ROBERT J. PORTMAN **Page** 2 **of** 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP, DC, JT	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
Examples	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	123 Main St , Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	NUVEEN MUNICIPAL VALUE FUND	$50,001 - $100,000	Interest	$5,001 - $15,000	
	ASHWOOD FARMS, INC. SPRINGBORO, OH (WARREN CO)	$1,001 - $15,000	Dividends	None - $200	
	GRADISON U S GOV'T RESERVES	$15,001 - $50,000	Dividends	$2,501 - $5,000	
	GOLDEN LAMB TRUST - LAND, BLDG LOCATED IN LEBANON, OH	$50,001 - $100,000	Rent	$15,001 - $50,000	
	LEBANON HOUSE INC - CINCINNATI, OH	$250,001 - $500,000	Dividends	$2,501 - $5,000	
	GRADISON-MCDONALD OHIO TAX FREE INCOME FUND	$50,001 - $100,000	Interest	$2,501 - $5,000	S
	GRADISON-MCDONALD ESTABLISHED VALUE	$1,001 - $15,000	Dividends	$201 - $1,000	P, S

Name ROBERT J PORTMAN **Page** 3 **of** 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

FUND				
GRADISON-MCDONALD OPPORTUNITY VALUE FUND	$1,001 - $15,000	Dividends	None - $200	S , P
ADVANCE HANDLING SYSTEMS, INC - CINCINNATI, OH	None - $1,000	Dividends	$15,001 - $50,000	S
PORTMAN EQUIPMENT COMPANY - CINCINNATI, OH	$500,001 - $1,000,000	Dividends	$15,001 - $50,000	
PEAVLER PTN - LAND AND BLDG 4331 ROSSPLAIN ROAD - CINCINNATI, OH AND 1342 JAMIKE DRIVE - ERLANGER, KY	$250,001 - $500,000	Rent	$50,001 - $100,000	
ORCHARD STREET PROPERTIES, CINCINNATI, OH	None - $1,000	Rent	None - $200	
MARIEMONT VILLAGE PROPERTIES - LIMITED PARTNERSHIP	$1,001 - $15,000	Capital Gains	$201 - $1,000	
TAIT HOUSE APARTMENTS LTD - APT BLDG - BRUNSWICK, GEORGIA	$1,001 - $15,000	Capital Gains	None - $200	
PROCTOR & GAMBLE CO	$1,001 - $15,000	Dividends	None - $200	
IRA, COLLIER BROWNE & SCHICKLING CERTIFICATE OF ACCRUAL TREASURY	$1,001 - $15,000	Interest	$1,001 - $2,500	
IRA, COLLIER BROWNE & SCHICKLING FREEPORT MCMORAN COOPER & GOLD	$1,001 - $15,000	Capital Gains	None - $200	
IRA, COLLIER BROWNE & SCHICKLING - MOBIL CORP DEBS	$1,001 - $15,000	Interest	$201 - $1,000	
COLLIER, BROWN & CO - MILFORD, OH - MONEY MARKET ACCT	$1,001 - $15,000	Interest	None - $200	P
GRAYDON HEAD & RITCHEY - RETIREMENT PLAN, CINCINNATI, OH	$15,001 - $50,000	NA		
GRADISON-MCDONALD INTERNATIONAL FUND	$50,001 - $100,000	Dividends	None - $200	P
ADVANCE HANDLING SYSTEMS, INC - NOTE RECEIVABLE	$15,001 - $50,000	Interest	$2,501 - $5,000	E
(mother's estate) JOAN J PORTMAN FAMILY TRUST F/O/B/ ROBERT J PORTMAN STAR TREASURY FUND	$15,001 - $50,000	Dividends	$1,001 - $2,500	
LEBANON HOUSE INC (mother's estate)	$15,001 - $50,000	Dividends	None - $200	

Name ROBERT J PORTMAN | Page 4 of 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	(mother's estate) PORTMAN EQUIPMENT COMPANY - CINCINNATI, OH	$50,001 - $100,000	Dividends	$2,501 - $5,000	
	(mother's estate) GOLDEN LAMB TRUST	$15,001 - $50,000	Rent	$5,001 - $15,000	
SP	COLONIAL STRATEGIC INCOME FUND	$50,001 - $100,000	Dividends	$5,001 - $15,000	
SP	VMBF - INTERMEDIATE TERM	$100,001 - $250,000	Dividends	$5,001 - $15,000	
SP	ALEX BROWN CASH RESERVE FUND	$1,001 - $15,000	Interest	$201 - $1,000	
SP	NORTH CAROLINA EASTERN MUNICIPAL POWER - DUE 1/1/97	None - $1,000	Interest	$201 - $1,000	S
SP	GRADISON MCDONALD MUNICIPAL CASH SERIES	$1,001 - $15,000	Interest	None - $200	S , P
SP	GRADISON MCDONALD ESTABLISH VALUE FUND	None - $1,000	Interest	None - $200	S
SP	GRADISON MCDONALD US GOVERNMENT RESERVES	$1,001 - $15,000	Interest	None - $200	
SP	IRA, ALEX BROWN & SONS - WINSTON SALEM, NC	$15,001 - $50,000	Interest	NA	
SP	FLAGSHIP LTD TERM	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	NUVEEN MUNICIPAL VALUE FUND	$50,001 - $100,000	Dividends	$2,501 - $5,000	
SP	SALEM TRUST BANK	$1,001 - $15,000	Dividends	None - $200	
SP	AMERICAN EXPRESS CO NONCALL NOTES	$1,001 - $15,000	Interest	None - $200	
SP	PORTMAN EQUIPMENT CO	None - $1,000	Dividends	$2,501 - $5,000	**
SP	WOMEN'S CAPITAL CLUB (PARTNERSHIP)	None - $1,000	Capital Gains	None - $200	S
DC	FLAG INVESTORS QUALITY GROWTH FUND	None - $1,000	Dividends	$2,501 - $5,000	S
DC	FLAG INVESTORS EQUITY A FUND	$1,001 - $15,000	Dividends	None - $200	P
DC	FLAG INVESTORS QUALITY GROWTH FUND	None - $1,000	Dividends	$1,001 - $2,500	S
DC	FLAG INVESTORS EQUITY A FUND	$1,001 - $15,000	Dividends	None - $200	P
DC	PROCTOR & GAMBLE CO	$15,001 - $50,000	Dividends	$201 - $1,000	
DC	JOSEPH D PORTMAN IRRV TRUST				

** GIFTED TO SPOUSE

Name ROBERT J PORTMAN | **Page** 5 of 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	FOUNTAIN SQUARE QUALITY GROWTH FUND	$15,001 - $50,000	Dividends	$201 - $1,000	P
	FOUNTAIN SQUARE INTERNATIONAL FUND	$1,001 - $15,000	Dividends	None - $200	P
	FOUNTAIN SQUARE MID CAP FUND	$1,001 - $15,000	Dividends	None - $200	P
DC	PROCTOR & GAMBLE CO	$15,001 - $50,000	Dividends	$201 - $1,000	
DC	WILLIAM D PORTMAN IRRV TRUST.				
	FOUNTAIN SQUARE QUALITY GROWTH FUND	$15,001 - $50,000	Dividends	$201 - $1,000	P
	FOUNTAIN SQUARE INTERNATIONAL FUND	$1,001 - $15,000	Dividends	None - $200	P
	FOUNTAIN SQUARE MID CAP FUND	$1,001 - $15,000	Dividends	None - $200	P
DC	FLAG INVESTORS EQUITY A FUND	$1,001 - $15,000	Dividends	None - $200	P
DC	SARAH D PORTMAN IRRV TRUST:				
	FOUNTAIN SQUARE QUALITY GROWTH FUND	$1,001 - $15,000	Dividends	None - $200	P
	FOUNTAIN SQUARE MID CAP FUND	$1,001 - $15,000	Dividends	None - $200	P
	FOUNTAIN SQUARE INTERNATIONAL FUND	$1,001 - $15,000	Dividends	None - $200	P
	IRA, COLLIER BROWNE SCHICKLING CASH, MILFORD, OH	$1,001 - $15,000	Interest	None - $200	

Name ROBERT J PORTMAN

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SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	GRADISON MCDONALD ESTABLISHED VALUE FUND	Purchase	10-06-95	$1,001 - $15,000
	GRADISON MCDONALD ESTABLISHED VALUE FUND	Purchase	11-06-95	$1,001 - $15,000
	GRADISON MCDONALD OHIO TAX FREE	Sold	05-30-95	$1,001 - $15,000
	GRADISON MCDONALD ESTABLISHED VALUE FUND	Sold	03-07-95	$15,001 - $50,000
	GRADISON MCDONALD OHIO TAX FREE INCOME	Purchase	MON DIV REIN	
	GRADISON MCDONALD ESTABLISHED VALUE FUND	Purchase	MON DIV REIN	
	GRADISON MCDONALD OPPORTUNITY VALUE FUND	Purchase	MON DIV REIN	
	GRADISON MCDONALD OPPORTUNITY VALUE FUND	Purchase	10-06-95	$1,001 - $15,000
	GRADISON MCDONALD OPPORTUNITY VALUE FUND	Purchase	11-06-95	$1,001 - $15,000
	GRADISON MCDONALD OPPORTUNITY VALUE FUND	Sold	03-07-95	$1,001 - $15,000
	ADVANCE HANDLING SYSTEMS, INC CINCINNATI OH	Sold	12-31-95	$50,001 - $100,000
	GRADISON MCDONALD INTERNATIONAL FUND	Purchase	10-06-95	$15,001 - $50,000
	GRADISON MCDONALD INTERNATIONAL FUND	Purchase	11-06-95	$15,001 - $50,000
SP	NORTH CAROLINA EASTERN MUNICIPAL POWER (REDEMPTION)	Sold	01-03-95	$1,001 - $15,000
SP	COLONIAL STRATEGIC INCOME FUND - A	Purchase	MON DIV REIN	$1,001 - $15,000
SP	VMF - INTERMEDIATE TERM	Purchase	MON DIV REIN	
SP	GRADISON MCDONALD ESTABLISHED VALUE FUND	Purchase	MON DIV REIN	$1,001 - $15,000
SP	GRADISON MCDONALD INTERNATIONAL FUND	Purchase	MON DIV REIN	
SP	GRADISON MCDONALD MUNICIPAL CASH SERIES (REDEMPTION)	Sold	01-30-95	$1,001 - $15,000
SP	GRADISON MCDONALD ESTABLISHED VALUE FUND	Sold	01-10-95 & 03-07-95	$100,001 - $250,000
SP	WOMEN'S CAPITAL CLUB	Sold	05-31-95	$1,001 - $15,000

SCHEDULE IV – TRANSACTIONS

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	[illegible]	$1,001 - [illegible]
	[illegible]	[illegible]	[illegible]	$1,001 - [illegible]

Name ROBERT J PORTMAN

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SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
TRUSTEE	THE SPRINGER SCHOOL
MEMBER	UNITED WAY & COMMUNITY CHEST GOV'T RELATIONS COMMITTEE
MEMBER	CHAMBER OF COMMERCE STATE & FEDERAL RELATIONS COMMITTEE
PARTNER	PEAVLER PARTNERSHIP
LIMITED PARTNER	ORCHARD STREET PROPERTIES
LIMITED PARTNER	MARIEMONT VILLAGE PROPERTIES
LIMITED PARTNER	TAIT HOUSE APARTMENTS LTD

[illegible] Page [illegible]

SCHEDULE IX - AGREEMENTS

[illegible]

Date	Parties To	Terms of Agreement
	[illegible]	[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers and employees

⑨

LEGISLATIVE RESOURCE
96 MAY 15 PM 3:22

HAND DELIVERED

MC

(Office Use Only)

Glendal (Glenn) William Poshard
(Full Name)

1601 Eugene Lane, Marion, Il 62959
(Mailing Address)

(618)993-3632
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives — State 16, District 19	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	**Yes** ☒	**No** ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	**Yes** ☐	**No** ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	**Yes** ☐	**No** ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	**Yes** ☐	**No** ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	**Yes** ☐	**No** ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	**Yes** ☐	**No** ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	**Yes** ☐	**No** ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	**Yes** ☒	**No** ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	**Yes** ☐	**No** ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	**Yes** ☐	**No** ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	**Yes** ☐	**No** ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Glenn Poshard

DATE (Month/Day/Year) 5-6-96

Name Glenn Poshard

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$5,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Member of Congress	NA
	Carterville Unit School District, Carterville, Il 62918	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Glenn Poshard **Page** 2 **of** 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: [illegible]

Page 1 of [illegible]

Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
[illegible] Exclude: [illegible]				
Annuity, State Farm Ins., Bloomington, IL	X		X	
Annuity, State Farm Ins., Bloomington, IL	X		X	
Annuity, State Farm Ins., Bloomington, IL	X		X	
Annuity, State Farm Ins., Bloomington, IL	X		X	
Annuity, State Farm Ins., Bloomington, IL	X		X	
Annuity, State Farm Ins., Bloomington, IL	X		X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Glenn Poshard

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
JT	Annunity-Edward D. Jones Invest. Firm Lincoln Life Ins. Co. Ft. Wayne, Ind			X															x										
JT	Annunity Massachusetts Mutual, Springfield,Mass			X															x										
	Thrift Saving - U.S. House of Reps.				X																								
	Deferred Compensation -St of Illinois			X															x										
JT	First Investors Tax Exempt Fund New York, N.Y.		X																x										
JT	Municipal Bonds A.G. Edwards Investment Firm	X																	x										
JT	Scholarship Bonds State of Illinois		X																x										
JT	Savings Carbondale 1st Natl-Carterville, Il		X																x										
JT	Savings Carterville, St & Savings, Carterville		X																x										
JT	Savings Southern Illinois Credit Union	X																	x										
JT	Savings Congressional Credit S&L	X																	x										
JT	Retirement Plan State of Illinois			X															x										
	Retirment Plan State of Illinois				X														x										

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SCHEDULE IV — TRANSACTIONS

Name [illegible] | Page [illegible] of [illegible]

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.	Type of Transaction			Date	Amount of Transaction									
Asset	Purchase	Sale	Exchange	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G [illegible]	H $1,000,001–$5,000,000	I [illegible]	J [illegible]	K [illegible]
[illegible]	x			[illegible]										

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Name Glenn Poshard

Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	King City Federal Savings Mt. Vernon, Il 62864	Guarantor For Personal Loan to Kristen Poshard, Daughter	X									
	First National Bank of Carbondale Carbondale, Il 62901	Automobile loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Glenn Poshard

Page of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	3 Days
	None						

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Name Glenn Poshard	Page of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Board Member (un-compensated)	Faith in Politics Institute, Washington, D.C. (Not For Profit)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO [illegible]

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

(23)

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 5: 20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

HAND DELIVERED
(Office Use Only)

Deborah D. Pryce
(Full Name)

5602 Riverside Drive Dublin, OH 43017
(Mailing Address)

(614) 766-1906
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives — State Ohio District 15th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/96

Name Deborah D. Pryce | Page [illegible] of [illegible]

SCHEDULE I — EARNED INCOME

List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions pages 12-13.

Source	Type	Amount
Examples: [illegible] State of Maryland Civil War Roundtable [illegible] [illegible]	[illegible] [illegible] [illegible] [illegible]	[illegible] [illegible] [illegible] [illegible]
U.S. House of Representatives, Washington, DC	Legislative Pension	[illegible]
Commercial One Realtors, Inc., Columbus, OH	Spouse's Director Fee	[illegible]
[illegible]	Spouse's Director Fee	[illegible]
Ohio [illegible]	Spouse's Director Fee	[illegible]

For payments to charity in lieu of honoraria, see Schedule [illegible]

Name Deborah D. Pryce	Page 3 of 4.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	The Ohio Company (IRA Retirement)	See Brokers Statement													
SP	The Ohio Company (IRA Retirement)	See Brokers Statement													
SP	In January 1995 the spouse's father's estate	x		x	5-1-95				x						
	was settled and the spouse received a 6%														
	interest in both Zoom, Ltd. and Bonded														
	Development Company and a 1/3 interest in the														
	4th Street properties. On May 1, 1995 the														
	spouse exchanged the interests aquired from														
	the estate in Zoom Ltd. and Bonded Dev. Co.														
	plus $150,000 for the following interests:														
	2/3 of the 4th Street properties, 50% of														
	Pyramid Investment Co. and 1% of Walker Partnership.														
	These transactions were between Spouse's sisters														
	and mother.														

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name

Page

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	**Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
ntify (a) each asset held for investment or duction of income with a fair market value eeding $1,000 at the end of the reporting r, and (b) any other asset or source of ome which generated more than $200 in earned" income during the year. For rental perty or land, provide an address. Provide names of any mutual funds. For an IRA or rement plan that is *self-directed*, list the erlying assets worth more than $1,000. For RA or retirement plan that is *not* self-cted, name the institution holding the ount. **lude:** Your personal residence(s) (unless there is al income), any debt owed to you by your use, or by your or your spouse's child, parent, bling, any deposits totalling $5,000 or less in onal savings accounts; any financial interests in come derived from U.S. Government retirement rams. you so choose, you may indicate that an asset or me source is that of your spouse (SP) or endent child (DC) or is jointly held (JT), in the urther information, see Instructions, pages 14–20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type or brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting
	D $50,001 - $100,000			
Pyramid Investments 31-1007125 Congressional Federal Credit Union				

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Deborah D. Pryce

Page 5 of 8

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	State Savings Bank		x												x				x										
SP	Zoom Limited 31-6165195 (11.67%)					x									x					x									P&E
	Bank One (@ $38.5)				x								x									x							
	4th Street Property					x								x							x								P&E
SP	Equitable Capital Partners		x										x		x	x				x									
JT	Merrill Lynch- Steele Tech		x										x						x										
SP	Walker Partnership (340 E Gay, Cols)				x									x					x										
SP	Ohio Company (IRA Retirement)		x										See Brokers Statement							x									
SP	Merrill Lynch (Company Retirement)		x										See Brokers Statement							x									
	Ohio Company (IRA Retirement)		x										x		x					x									
	Personal Retirement-PERS				x								Retirement account--no income																
SP	Work Force One		x																x										
JT	Charing Road Associates					x								x					x										
	Merrill Lynch (IRA Retirement)		x										x		x				x										
SP	Bonded Development Co, Ltd.					x																							P&E

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Deborah D. Pryor

Page 6 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P S E
SP	Borror Corp. (Merrill Lynch)		X										X						X										P

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Name Deborah D. Pryce Page 7 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	April 15 –	Columbus, Ohio- St. Croix, U.S. Viragin Islands-Cols,OH	Y	Y	Y	Y
	Congressional Program	April 25 (including travel)					5 Days

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Name Deborah L. [illegible]	Page 3 of [illegible]

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Board Member	Trustee of the National Fund for the U.S. Botanical Garden

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 27.

Date	Parties To	Terms of Agreement
[illegible]	State of Ohio Public Employees Retirement System, Chapter 145, Ohio Revised Code	Qualified Retirement. [illegible] at retirement at age 65.

Use additional sheets if more space is required.

The Ohio Company
Member New York Stock Exchange
Member SIPC

155 East Broad Street
Columbus, Ohio 43215

Account Number	Tax I.D.	Period Ending
01-69583-8-1	294-50-5500	December 29, 1995

Page 1 of 2

Account Executive
Ms. Sherry L. Maynard
(614) 464-7036

THE OHIO COMPANY CUST.
FBO DEBORAH D. PRYCE
5602 RIVERSIDE DR.
DUBLIN, OH. 43017

CORRECTED STATEMENT
The total market value reflected at the bottom of page 1 on our December statement was incorrect. The Total Portfolio Value is the value of your account as of December 29, 1995. Please retain this copy for your records. We apologize for the oversight.

Type of Account
Self-Directed IRA

Portfolio Summary

	Market Value	% of Total
Investments		
Stocks	$0	0.0
Mutual Funds	4,660	100.0
Unit Investment Trusts	0	0.0
Mortgaged Backed Securities	0	0.0
Corporate Bonds and Notes	0	0.0
U.S. Govt & Federal Agencies	0	0.0
Municipal Bonds and Notes	0	0.0
Other Investments	0	0.0
Cash and Money Funds	0	0.0
Total Portfolio Value	$4,660	100.0
Previous Month's Value	$4,586	

Income Summary

	Income Received This Month	Income Received Y-T-D
Dividends	$31.52	$119.05
Interest	0.00	0.00
U.S. Govt Interest	0.00	0.00
Other Income	359.70	359.70
Total Income	$391.22	$478.75

Activity Summary

Deposits	
Securities Sold	$0.00
Income	391.22
Transferred from Money Fund	0.00
Return of Principal	0.00
Contributions	0.00
Other	0.00
Total Deposits	$391.22
Withdrawals	
Securities Purchased	$0.00
Accrued Interest Pd on Purchases	0.00
Transferred to Money Fund	0.00
Dividends Reinvested	391.22
Distributions	0.00
Other	0.00
Total Withdrawals	$391.22

Money Balance Summary

	Opening Balance	Closing Balance
Cash	$0.00	$0.00
Cardinal Money Mkt	0.00	0.00
Cardinal in Transit	0.00	0.00
Total Cash Balance	$0.00	$0.00

The prices indicated are approximate. They are intended to be of help to you in establishing the value of your portfolio. N/A denotes that a price was not available.

Please preserve this statement for income tax purposes.

PORTFOLIO POSITIONS

Investments

Quantity	Description	Symbol Or Cusip	Market Price	Market Value	Current Yield (%)	Es Annu Inco
	Mutual Funds					
362.348	CARDINAL FUND INC.	CDFIX	12.860	4,660	2.81	1
	Total Investments			$4,660		$1

The Ohio Company

Account Number
01-69583-8-1

Period Ending
[illegible]

[illegible]

[illegible]

Date	Description	Quantity	Price	Amount
Income				
[illegible] Capital Gain	[illegible]			[illegible]
[illegible] Short Term Capital Gain	[illegible]			[illegible]
[illegible] Dividend	[illegible]			[illegible]
Total				[illegible]
Total Deposits				[illegible]

Date	Description	Quantity	Price	Amount
Dividends Reinvested				
[illegible]	[illegible]	[illegible]		[illegible]
[illegible]	[illegible]	[illegible]		[illegible]
Total				[illegible]
Total Withdrawals				[illegible]

[illegible]

...END OF STATEMENT...

[illegible] 2851

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
656 92087	9699	2	294-50-5500

MLPF& S CUST FPO
DEBORAH PRYCE IRA

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
429.5851	MFS EMERGING GROWTH FUND CLASS A	26.710	$11474		
237.1980	ML GLOBAL ALLOCATION A	13.880	$3292	5.41	$178
	TOTALS FOR PRICED INVESTMENTS		$14766		$178

MONEY ACCOUNT	OPENING BALANCE AS OF 09/30	CLOSING BALANCE AS OF 12/29	DIVIDENDS/INTEREST THIS STMT.	DIVIDENDS/INTEREST YEAR TO DATE
ML RETIREMENT RESERVES	$139.31	$106.05	$1.74	$7.16

IN CALCULATING MANDATORY DISTRIBUTIONS, OR FOR THE PURPOSE OF COMPLETING IRS FORM 8606, YOU MUST USE THE VALUE OF YOUR ACCOUNT AS OF 12/29/95. THIS VALUE SHOULD INCLUDE YOUR PRICED PORTFOLIO AND THE VALUE OF CERTAIN LIMITED PARTNERSHIPS AND OTHER DIRECT INVESTMENTS, AS WELL AS ANY SECURITIES THAT WE ARE UNABLE TO PRICE - MARKED 'UNAVAILABLE'. THE 'YEAR-END PLAN VALUE' BELOW CONSISTS OF YOUR PRICED PORTFOLIO TOTAL PLUS THE ESTIMATED VALUE OF LIMITED PARTNERSHIPS OR OTHER DIRECT INVESTMENTS REPORTED ON YOUR YEAR-END STATEMENT.

YEAR-END PLAN VALUE AS OF 12/29/95: $14,872.07

FOR IRA, IRRA AND SEP/IRA ACCOUNTS, THE YEAR-END PLAN VALUE REPRESENTS THE VALUATION WE MUST FURNISH TO YOU AND THE INTERNAL REVENUE SERVICE AS PART OF THE IRS FORM 5498 REPORTING REQUIREMENTS.

CONTACT YOUR SENATOR IF YOU SUPPORT PENDING IRA LEGISLATION. FOR THE NAME, ADDRESS AND PHONE NUMBER OF YOUR SENATOR, CALL (800) 637-7455, EXT. 0980.

000027-000014109 END OF STATEMENT DECEMBER, 1995

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 5029R (REV 10-93)

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
656 92C87	9699	1	294-50-5500

STATEMENT PERIOD 12/30/95 TO 03/29/96	EIN NUMBER 00-0000000
FINANCIAL CONSULTANT THOMAS C PULERI (614) 225-3133	ACCOUNT TYPE IRA
OFFICE SERVING YOUR ACCOUNT 65 E. STATE ST., SUITE 2600 COLUMBUS OH 43215	

MLPF& S CUST FPO
DEBORAH PRYCE IRA
FBO DEBORAH PRYCE
5602 RIVERSIDE DR
DUBLIN OH 43017-1547

** 43017-1547

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 03/29/96. . . .	$15,801.45	THIS STATEMENT........	$1.38CR
AS OF 12/29/95. . . .	$14,872.07	THIS YEAR	$1.38CR

***** MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP *****

MONEY ACCOUNT	JANUARY	FEBRUARY	MARCH	CURRENT MONTH'S EFFECTIVE YIELD
ML RETIREMENT RESERVES	$.51	$.45	$.42	4.96

***** DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
12 30	OPENING BALANCE			$.02CR
03 29	CLOSING BALANCE			$.02CR

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
429.5851	MFS EMERGING GROWTH FUND CLASS A	28.590	$12281		
237.1980	ML GLOBAL ALLOCATION A	14.390	$3413	5.16	$176
TOTALS FOR PRICED INVESTMENTS			$15694		$176

MONEY ACCOUNT	OPENING BALANCE AS OF 12/30	CLOSING BALANCE AS OF 03/29	DIVIDENDS/INTEREST THIS STMT.	DIVIDENDS/INTEREST YEAR TO DATE
ML RETIREMENT RESERVES	$106.05	$107.43	$1.38	$1.38

YEAR-END PLAN VALUE AS OF 12/29/95: $14,872.07

REMEMBER, YOU HAVE UNTIL APRIL 15 TO FUND YOUR 1995 IRA. NOW IS ALSO A GOOD TIME TO PLAN AHEAD FOR 1996. IT'S NEVER TOO SOON TO INVEST IN YOUR FUTURE!

[illegible] END OF STATEMENT MARCH 1996

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 5029R (REV 10-93)

Merrill Lynch

Merrill Lynch,
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Individual Investor Account

ACCOUNT # 656 22M07	F/C # 9699	PAGE # 1	TELEPHONE # 614-225-3133
STATEMENT PERIOD 10/28/95 TO 12/29/95			SS OR ID 299-46-3616
FINANCIAL CONSULTANT THOMAS C PULERI		INVESTOR CREDIT LINE	
OFFICE SERVING YOUR ACCOUNT 65 E. STATE ST., SUITE 2600 COLUMBUS OH 43215			TYPE CASH

RANDY WALKER
340 E GAY ST
COLUMBUS OH 43215-3213

** 43215-3213

***** ACCOUNT SUMMARY *****

OPENING BALANCE	CLOSING BALANCE	INVESTMENTS	MONEY ACCOUNTS	PRICED PORTFOLI
$.00	$.00	$3250	$.00	$3,250.00

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOM
1000	BORROR CORP	3.250	$3250		
TOTALS FOR PRICED INVESTMENTS			$3250		

TO OBTAIN A FREE 15-MINUTE VIDEOTAPE AND REPORT DISCUSSING THE BENEFITS AND RISKS OF INTERNATIONAL INVESTING, CALL (800) 637-8060, ANYTIME.

000012-000336681 END OF STATEMENT

DECEMBER 19

FOR AN EXPLANATION OF SYMBOLS PLEASE SEE REVERSE SIDE

[illegible]

Merrill Lync

Merrill Lynch,
Pierce, Fenner & Smith Inc.
Member Securities Investor Protection Corporation (SIPC)

Individual
Investor Account

ACCOUNT # 656 14D30	F/C # 9699	PAGE # 1	TELEPHONE # 614-225-3133
STATEMENT PERIOD 09/30/95 TO 12/29/95			SS OR ID 299-46-3616
FINANCIAL CONSULTANT THOMAS C PULERI		INVESTOR CREDIT LINE	
OFFICE SERVING YOUR ACCOUNT 65 E. STATE ST., SUITE 2600 COLUMBUS OH 43215			TYPE CASH

RANDY L WALKER AND
DEBORAH PRYCE JTWROS
340 E GAY ST
COLUMBUS OH 43215-3213

** 43215-3213

***** ACCOUNT SUMMARY *****

OPENING BALANCE	CLOSING BALANCE	INVESTMENTS	MONEY ACCOUNTS	PRICED PORTFOLI
$6.72CR	$13.44CR	$1449	$.00	$1,462.44

***** TAX INFORMATION SUMMARY *****

DESCRIPTION	THIS STATEMENT	YEAR TO DATE
REPORTABLE DIVIDENDS	$6.72CR	$13.44CR**

**YOU SHOULD NOT USE THIS MONTHLY STATEMENT FOR TAX PURPOSES IF YOUR ACCOUNT IS SUBJECT TO IRS REPORTING. A TAX REPORTING STATEMENT WILL BE SENT IN JANUARY.

***** DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
09 30	OPENING BALANCE			$6.72
12 08	*DIVIDEND	STEEL TECHNOLOGIES INC HOLDING 168.0000		$6.72
12 29	CLOSING BALANCE			$13.44

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST INCOM
168	STEEL TECHNOLOGIES INC	8.625	$1449	.92	$
	TOTALS FOR PRICED INVESTMENTS		$1449		$

TO OBTAIN A FREE 15-MINUTE VIDEOTAPE AND REPORT DISCUSSING THE BENEFITS AND RISKS OF INTERNATIONAL INVESTING, CALL (800) 637-8060, ANYTIME.

000012-000336633 END OF STATEMENT

DECEMBER 19

FOR AN EXPLANATION OF SYMBOLS PLEASE SEE REVERSE SIDE

Merrill Lync

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
656 82D49	9699	1	299-46-3616

STATEMENT PERIOD	EIN NUMBER
09/30/95 TO 12/29/95	00-0000000

FINANCIAL CONSULTANT	ACCOUNT TYPE
THOMAS C PULERI (614) 225-3133	IRA

OFFICE SERVING YOUR ACCOUNT
65 E. STATE ST., SUITE 2600
COLUMBUS OH 43215

MLPF& S CUST FPO
RANDY L WALKER IRA
FBO RANDY L WALKER
340 E GAY ST
COLUMBUS OH 43215-3213

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/29/95. . . .	$10,781.98	THIS STATEMENT........	$277.76
AS OF 09/29/95. . . .	$10,227.91	THIS YEAR	$489.70

***** CONTRIBUTION INFORMATION *****

TAX YEAR 1994	TAX YEAR 1995
$.00	$.00

***** DISTRIBUTION INFORMATION *****

TAX YEAR 1994	TAX YEAR 1995
$.00	$.00

***** MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP *****

MONEY ACCOUNT	OCTOBER	NOVEMBER	DECEMBER	CURRENT MONTH'S EFFECTIVE YIELD
ML RETIREMENT RESERVES	$.04	$.03	$.00	5.41

***** DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
09 30	OPENING BALANCE			$.15
11 13	FEE	PARTIAL FEE PAYMENT		$11.00
11 14	SALE	11 ML RETIREMENT RESERVES		$11.00
11 14	RECEIVED	11 ML RETIREMENT RESERVES		
12 20	*DIVIDEND	ML BASIC VALUE FD CL A		$167.05
12 20	REINVESTMENT	ML BASIC VALUE FD CL A		$167.05
12 20	*LG TM CAP GAIN	ML BASIC VALUE FD CL A		$110.64
12 20	REINVESTMENT	ML BASIC VALUE FD CL A		$110.64
12 20	DIVD REINV	4 ML BASIC VALUE FD CL A AGENT REINV AMOUNT $110.64 REINV PRICE $28.12 QUANTITY BOT 3.9350		
12 20	DIVD REINV	6 ML BASIC VALUE FD CL A AGENT REINV AMOUNT $167.05 REINV PRICE $28.12 QUANTITY BOT 5.9410		
12 29	CLOSING BALANCE			$.15

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Merrill Lynch
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Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	F/C #	PAGE #	SOCIAL SEC. #
656 82D49	9699	2	299-46-3616

MLPF& S CUST FPO
RANDY L WALKER IRA

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
380.8540	ML BASIC VALUE FD CL A	28.310	$10781	2.55	$275
	TOTALS FOR PRICED INVESTMENTS		$10781		$275

MONEY ACCOUNT	OPENING BALANCE AS OF 09/30	CLOSING BALANCE AS OF 12/29	DIVIDENDS/INTEREST THIS STMT.	DIVIDENDS/INTEREST YEAR TO DATE
ML RETIREMENT RESERVES	$11.76	$.83	$.07	$.34

IN CALCULATING MANDATORY DISTRIBUTIONS, OR FOR THE PURPOSE OF COMPLETING IRS FORM 8606, YOU MUST USE THE VALUE OF YOUR ACCOUNT AS OF 12/29/95. THIS VALUE SHOULD INCLUDE YOUR PRICED PORTFOLIO AND THE VALUE OF CERTAIN LIMITED PARTNERSHIPS AND OTHER DIRECT INVESTMENTS, AS WELL AS ANY SECURITIES THAT WE ARE UNABLE TO PRICE - MARKED 'UNAVAILABLE'. THE 'YEAR-END PLAN VALUE' BELOW CONSISTS OF YOUR PRICED PORTFOLIO TOTAL PLUS THE ESTIMATED VALUE OF LIMITED PARTNERSHIPS OR OTHER DIRECT INVESTMENTS REPORTED ON YOUR YEAR-END STATEMENT.

YEAR-END PLAN VALUE AS OF 12/29/95: $10,781.98

FOR IRA, IRRA AND SEP/IRA ACCOUNTS, THE YEAR-END PLAN VALUE REPRESENTS THE VALUATION WE MUST FURNISH TO YOU AND THE INTERNAL REVENUE SERVICE AS PART OF THE IRS FORM 5498 REPORTING REQUIREMENTS.

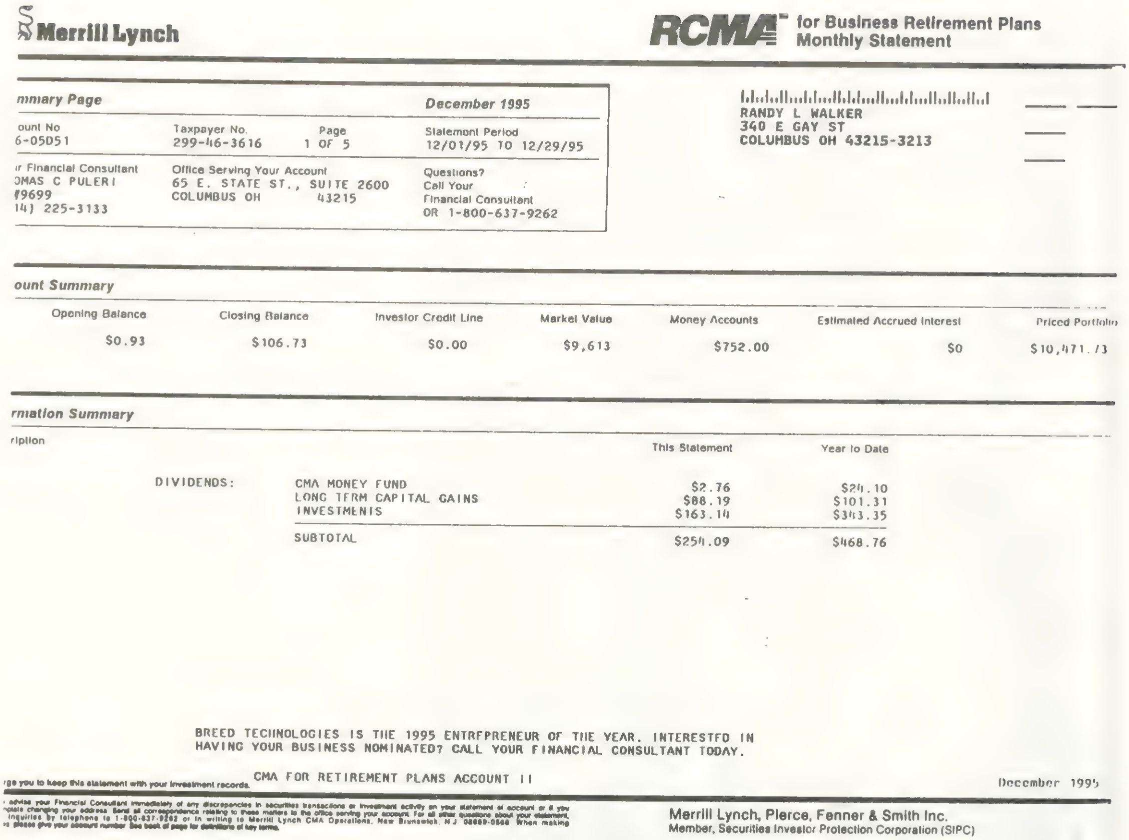
CONTACT YOUR SENATOR IF YOU SUPPORT PENDING IRA LEGISLATION. FOR THE NAME, ADDRESS AND PHONE NUMBER OF YOUR SENATOR, CALL (800) 637-7455, EXT. 8980.

000023-000014068 END OF STATEMENT DECEMBER, 19

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 3020R REV [illegible]

Merrill Lynch



Merrill Lynch

RCMA™ for Business Retirement Plans
Monthly Statement

mmary Page

December 1995

ount No 6-05051	Taxpayer No. 299-46-3616	Page 1 OF 5	Statement Period 12/01/95 TO 12/29/95
r Financial Consultant OMAS C PULERI 9699 14) 225-3133	Office Serving Your Account 65 E. STATE ST., SUITE 2600 COLUMBUS OH 43215		Questions? Call Your Financial Consultant OR 1-800-637-9262

RANDY L WALKER
340 E GAY ST
COLUMBUS OH 43215-3213

ount Summary

Opening Balance	Closing Balance	Investor Credit Line	Market Value	Money Accounts	Estimated Accrued Interest	Priced Portfolio
$0.93	$106.73	$0.00	$9,613	$752.00	$0	$10,471.73

rmation Summary

ription		This Statement	Year to Date
DIVIDENDS:	CMA MONEY FUND	$2.76	$24.10
	LONG TERM CAPITAL GAINS	$88.19	$101.31
	INVESTMENTS	$163.14	$343.35
	SUBTOTAL	$254.09	$468.76

BREED TECHNOLOGIES IS THE 1995 ENTREPRENEUR OF THE YEAR. INTERESTED IN HAVING YOUR BUSINESS NOMINATED? CALL YOUR FINANCIAL CONSULTANT TODAY.

ge you to keep this statement with your investment records.

CMA FOR RETIREMENT PLANS ACCOUNT II

December 1995

advise your Financial Consultant immediately of any discrepancies in securities transactions or investment activity on your statement of account or if you nplete changing your address. Send all correspondence relating to these matters to the office serving your account. For all other questions about your statement, inquiries by telephone to 1-800-637-9262 or in writing to Merrill Lynch CMA Operations, New Brunswick, N.J. 08989-0566. When making s please give your account number. See back of page for definitions of key terms.

Merrill Lynch, Pierce, Fenner & Smith Inc.
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RCMA℠ for Business Retirement Plans
Monthly Statement

ount No	Taxpayer No.	Page	Statement Period
6-05D51	299-46-3616	2 OF 5	12/01/95 TO 12/29/95

NDY L WALKER
0 E GAY ST

rent Portfolio

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estimated Accrued Interest
JAL FUNDS & UNIT INVEST TRUSTS							
ML FUNDAMENTAL GROWTH C		125.6110	12.280	$1,542			
ML INTL EQUITY FD CL B		130.2350	11.000	$1,432	.36	$5	
ML TECHNOLOGY FUND CL B		263.7170	5.040	$1,329			
ML GLOBAL BD FOR I&R B		143.8720	9.540	$1,372	5.88	$81	
ML EUROFUND FD CL B		89.4230	13.360	$1,194	.14	$2	
ML SPECIAL VALUE FD CL B		87.0610	16.610	$1,446	1.97	$28	
ML WORLD INCOME FD CL B		145.9060	8.690	$1,267	7.37	$93	
ML INSTITUTIONAL FUND B		31.0600	1.000	$31			
SUBTOTAL				$9,613		$209	
TOTALS FOR PRICED INVESTMENTS				$9,613.00		$209	
CASH				$106.73			
MONEY ACCOUNTS: CMA MONEY FUND				$752.00			
Priced Portfolio				$10,471.73			

R/INDEPENDENTLY VALUED DIRECT INVESTMENTS

Investment Description	Quantity	Est. Value Per Unit*	Est. Value*
EQUITABLE CAPITAL PARTNERS RETIREMENT FUND LP 88	4	313.000	$1,252 (1)
SUBTOTAL			$1,252

TINUED ON NEXT PAGE

CMA FOR RETIREMENT PLANS ACCOUNT II

December 1995

rge you to keep this statement with your investment records.

advise your Financial Consultant immediately of any discrepancies in securities transactions or investment activity on your statement of account or if you nplate changing your address. Send all correspondence relating to these matters to the office serving your account. For all other questions about your statement, inquiries by telephone to 1-800-637-8282 or in writing to Merrill Lynch CMA Operations, New Brunswick NJ 08989-0500. When making es please give your account number. See back of page for definitions of key terms.

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Merrill Lynch

RCMA℠ for Business Retirement Plans
Monthly Statement

ount No.	Taxpayor No.	Page	Statement Period
6-05D51	299-46-3616	3 OF 5	12/01/95 TO 12/29/95

NDY L WALKER
0 E GAY ST

rent Portfolio/Continued

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estimated Accrued Interest

: amounts presented for limited partnerships and other direct investments are for informational purposes only, generally do not represent the market or idation value of these investments, and may vary from values (if any) provided by the issuer or others. These investments are generally illiquid and are not :d on a national securities exchange or The Nasdaq Stock Market, and investors may not be able to sell them or realize the amounts shown above upon a : or liquidation. Also, these amounts are not included in the "Priced Portfolio" or similar categories of this statement. These investments are not registered ıe name of or held by MLPF&S or its nominees and are held by you or registered in your name with the issuer or its agent. MLPF&S does not hold or act as todian for these investments. The amounts represent one of the following, as indicated:

An estimate of value provided to Merrill Lynch by an independent valuation service on an annual basis, based on information available to the service on August 15, 1995. This amount has not been adjusted to reflect changes which may have taken place subsequent to that valuation date. A general description of the methodology used by the independent valuation service to determine its estimate of value is available by telephoning 1-800-637-5703.

Unavailable: the value of this investment may be different than its original purchase price.

disclosure on the reverse side of this statement with respect to the value of limited partnerships and other direct investments should be disregarded in favor e above.

ly Account Activity

	Transaction	Description	Quantity	Price	Amount	Cash and CMA Money Accounts
)1		***Opening Balance***				$604.93
)1	* DIVIDEND	ML INSTITUTIONAL FUND B			$.14	
)1	REINVESTMENT	ML INSTITUTIONAL FUND B			-$.14	
)1	DIVD REINV	ML INSTITUTIONAL FUND B AGENT				

TINUED ON NEXT PAGE

rge you to keep this statement with your investment records.

advise your Financial Consultant immediately of any discrepancies in securities transactions or investment activity on your statement of account or if you mplate changing your address. Send all correspondence relating to these matters to the office serving your account. For all other questions about your statement, inquiries by telephone to 1-800-637-3262 or in writing to Merrill Lynch CMA Operations, New Brunswick, N.J. 08989-0586. When making es, please give your account number. See back of page for definitions of key terms.

Merrill Lynch, Pierce, Fenner & Smith Inc.
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Merrill Lynch

RCMA™ for Business Retirement Plans
Monthly Statement

ount No	Taxpayer No.	Page	Statement Period
6-05051	299-46-3616	4 OF 5	12/01/95 TO 12/29/95

NDY L WALKER
0 E GAY ST

y Account Activity/Continued

	Transaction	Description	Quantity	Price	Amount	Cash and CMA Money Accounts
		REINV AMOUNT $.14				
		REINV PRICE $1.00				
		QUANTITY BOT .1400				$604.93
0	* DIVIDEND	ML FUNDAMENTAL GROWTH C			$32.56	
0	* DIVIDEND	ML SPECIAL VALUE FD CL B			$20.07	$657.56
1	* DIVIDEND	ML EUROFUND FD CL B			$4.72	
1	* LG TM CAP GAIN	ML EUROFUND FD CL B			$88.19	$750.47
7	* DIVIDEND	ML TECHNOLOGY FUND CL B			$84.49	$834.96
9	SHARE DIVIDEND	CMA MONEY FUND	2			
9	CASH DIVIDEND	CMA MONEY FUND			$.76	
		FROM 11-30 THRU 12-29				
9	* DIVIDEND	ML GLOBAL BD FOR I&R B			$10.27	
9	* DIVIDEND	ML WORLD INCOME FUND B			$10.74	
9	* DIVIDEND	ML INSTITUTIONAL FUND B			$.15	
9	REINVESTMENT	ML INSTITUTIONAL FUND B			-$.15	
9	DIVD REINV	ML INSTITUTIONAL FUND B	1			
		AGENT				
		REINV AMOUNT $.15				
		REINV PRICE $1.00				
		QUANTITY BOT .1500				$858.73
9		***Closing Balance***				$858.73

CMA FOR RETIREMENT PLANS ACCOUNT II

December 1995

ge you to keep this statement with your investment records.

advise your Financial Consultant immediately of any discrepancies in securities transactions or investment activity on your statement of account or if you nplate changing your address. Send all correspondence relating to these matters to the office serving your account. For all other questions about your statement, inquiries by telephone to 1-800-637-9262 or in writing to Merrill Lynch CMA Operations, New Brunswick, NJ 08989-0586. When making s please give your account number. See back of page for definitions of key terms.

Merrill Lynch, Pierce, Fenner & Smith Inc.
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Merrill Lynch

RCMA℠ for Business Retirement Plans
Monthly Statement

ount No.	Taxpayer No.	Page	Statement Period
5-05051	299-46-3616	5 OF 5	12/01/95 TO 12/29/95

NDY L WALKER
) E GAY ST

A Money Fund Activity Details

of ice Change	Transaction	Number of Fund Shares @ $1.00/Share	Balance @ $1.00/Share	
11	*Opening*		$604.00	
'6	PURCHASE	146	$750.00	
'9	SHARE DIVIDEND	2	$752.00	
'9	*Closing*		$752.00	EFFECTIVE YIELD: 5.37%

port lost/stolen checks call the toll-free-number 1-800-CMA-LOST (1-800-262-5678).

u have an alphabetic character in your Merrill Lynch Account Number. Please use 9165605351 as your account access number for the toll free service line.

ge you to keep this statement with your investment records. CMA FOR RETIREMENT PLANS ACCOUNT II END OF STATEMENT December 1995

advise your Financial Consultant immediately of any discrepancies in securities transactions or investment activity on your statement of account or if you nplete changing your address. Send all correspondence relating to these matters to the office serving your account. For all other questions about your statement, inquiries by telephone to 1-800-637-9262 or in writing to Merrill Lynch CMA Operations, New Brunswick, N.J. 08989-0560. When making s please give your account number. See back of page for definitions of key terms.

Merrill Lynch, Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

The Ohio Company
Member New York Stock Exchange
Member SIPC

155 East Broad Street
Columbus, Ohio 43215

Account Number	Tax I.D.	Period Ending
01-90390-8-0	299-46-3616	December 29, 1995

Page 1 of 2

Account Executive
Ms. Sherry L. Maynard
(614) 464-7036

The Ohio Company Cust.
FBO Randy L. Walker
340 E. Gay St.
Columbus, OH. 43215

CORRECTED STATEMENT
The total market value reflected at the bottom of page 1 on our December statement was incorrect. The Total Portfolio Value is the value of your account as of December 29, 1995. Please retain this copy for your records. We apologize for the oversight.

Type of Account
Self-Directed IRA

Portfolio Summary

	Market Value	% of Total
Investments		
Stocks	$0	0.0
Mutual Funds	4,794	100.0
Unit Investment Trusts	0	0.0
Mortgaged Backed Securities	0	0.0
Corporate Bonds and Notes	0	0.0
U.S. Govt & Federal Agencies	0	0.0
Municipal Bonds and Notes	0	0.0
Other Investments	0	0.0
Cash and Money Funds	0	0.0
Total Portfolio Value	$4,794	100.0
Previous Month's Value	$4,718	

Income Summary

	Income Received	
	This Month	Y-T-D
Dividends	$32.43	$122.48
Interest	0.00	0.00
U.S. Govt Interest	0.00	0.00
Other Income	370.08	370.08
Total Income	$402.51	$492.56

Activity Summary

Deposits	
Securities Sold	$0.00
Income	402.51
Transferred from Money Fund	0.00
Return of Principal	0.00
Contributions	0.00
Other	0.00
Total Deposits	$402.51
Withdrawals	
Securities Purchased	$0.00
Accrued Interest Pd on Purchases	0.00
Transferred to Money Fund	0.00
Dividends Reinvested	402.51
Distributions	0.00
Other	0.00
Total Withdrawals	$402.51

Money Balance Summary

	Opening Balance	Closing Balance
Cash	$0.00	$0.00
Cardinal Money Mkt	0.00	0.00
Cardinal in Transit	0.00	0.00
Total Cash Balance	$0.00	$0.00

The prices indicated are approximate. They are intended to be of help to you in establishing the value of your portfolio. N/A denotes that a price was not available.

Please preserve this statement for income tax purposes.

PORTFOLIO POSITIONS

Investments

Quantity	Description	Symbol Or Cusip	Market Price	Market Value	Current Yield (%)	Est Annua Incom
Mutual Funds						
372.797	CARDINAL FUND INC.	CDFIX	12.860	4,794	2.81	1
Total Investments				$4,794		$1

Account Number
01-90390-8-0

Period Ending
December 29, 1995

Page 2 of 2

The Ohio Company Cust.
FBO Randy L. Walker

ACCOUNT ACTIVITY

Deposits

Date	Description	Quantity	Price	Amount
Income				
12-15 Capital Gain	CARDINAL FUND INC.			315.80
12-15 Short Term Capital Gn	CARDINAL FUND INC.			54.28
12-15 Dividend	CARDINAL FUND INC.			32.43
Total				$402.51
Total Deposits				**$402.51**

Withdrawals

Date	Description	Quantity	Price	Amount
Dividends Reinvested				
12-15 Reinvest	CARDINAL FUND INC 12/14/95 12.82/SH	28.867		370.08
12-15 Reinvest	CARDINAL FUND INC 12/14/95 12.82/SH	2.530		32.43
Total				$402.51
Total Withdrawals				**$402.51**

Thank you for investing with The Ohio Company

...END OF STATEMENT...

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U.S. HOUSE OF REPRESENTATIVES

R. J. Peck & Associates, Inc.
CERTIFIED PUBLIC ACCOUNTANTS

3404 Riverside Drive
Columbus, Ohio 43221
(614) 457-4888

May 28, 1996

③

Mr. Dave Loftman
c/o The Clerk, U S House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, DC 20515

✓
MC

RE: Amendment of Financial Disclosure
Deborah D. Pryce

Dear Mr. Loftman:

Enclosed are amended forms for the financial disclosure statement for Deborah D. Pryce. The forms that changed are page 1, marked amended, and page 3 of 8, line 3 for the purchase of Borror Corp. stock by Deborah's spouse.

The Massachusetts Emerging Growth (IRA) reported on the 1994 disclosure form was part of the Merrell Lynch retirement funds and still is in 1995. Massachusetts Emerging Growth fund was sold in 1995 and the funds were reinvested in other Merrell Lynch's mutual funds within the retirement account. The transaction is reported on amended page 3 of 8, last line.

If you have any additional questions, please contact me. Thank you for your help in this matter.

Sincerely,
R. J. PECK & ASSOCIATES, INC.

Robert J. Peck, CPA

Enclosures

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY 28 1996
(Office Use Only)

Deborah D. Pryce
(Full Name)

5602 Riverside Drive Dublin, OH 43017
(Mailing Address)

(614) 766-1906
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives State Ohio District 15th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☒ Amendment	☐ Termination Termination Date:

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/29/96

SCHEDULE IV — TRANSACTIONS

(AMENDED)

Name Deborah D. Pryce

Page 3 of 4.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	The Ohio Company (IRA Retirement)	See Brokers Statement													
SP	The Ohio Company (IRA Retirement)	See Brokers Statement													
SP	BORROR CORP. (MERRILL LYNCH)	X			4-1-95	X									
SP	In January 1995 the spouse's father's estate	x		x	5-1-95				x						
	was settled and the spouse received a 6%														
	interest in both Zoom, Ltd. and Bonded														
	Development Company and a 1/3 interest in the														
	4th Street properties. On May 1, 1995 the														
	spouse exchanged the interests aquired from														
	the estate in Zoom Ltd. and Bonded Dev. Co.														
	plus $150,000 for the following interests:														
	2/3 of the 4th Street properties, 50% of														
	Pyramid Investment Co. and 1% of Walker Partnership.														
	These transactions were between Spouse's sisters														
	and mother.														
SP	MASSACHUSETTES EMERGING GROWTH (IRA)		X		1-95	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

JAMES H. QUILLEN
(Full Name)

102 CANNON HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)

Daytime Telephone (202) 225-6356

Filer Status	☒ Member of the U.S. House of Representatives State Tennessee District 1st	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL James H. Quill

DATE (Month/Day/Year) 5/14/96

Name JAMES H. QUILLEN

Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
Tennessee Consolidated Retirement System		Legislative Pension	$7,187
Spouse - Pension (401K)		401K Pension	N/A
First Tennessee Bank - IRA Distribution		IRA Distribution	900
Spouse - First Tennessee Bank - IRA Distribution		IRA Distribution	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name James H. Quillen	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1994 Aug. 13, 1994	$2,000 $500
	AT&T	speech	1-2-95	$2,000
	American Maritime Officers Service	speech	1-3-95	$1,000
	Federal Express Corporation	speech	6-6-95	$2,000
	Bristol Tennessee Electric System	speech	7-7-95	$1,000
	Philip Morris Companies, Inc.	speech	8-2-95	$2,000
	American Trucking Associations	speech	12-6-95	$2,000

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Name JAMES H. QUILLEN

Page 1 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Thomas Nelson, Inc. common stock						X						X									X							
	Thomas Nelson, Inc. Class B common				X								X							X									
	Model City Investment Co. stock									X									X										
	Eastman Kodak Company stock						X						X										X						
	Eastman Chemical Company stock				X								X								X								
	Pall Corporation stock					X							X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES H. QUILLEN

Page 2 of 5

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Allegheny Power System stock				X								X									X							
	Delmarva Power & Light stock			X									X									X							
	Flagstar stock		X										X						X										
	Hilliard-Lyons Tax-Free Money Fund			X									X								X								
SP	Hilliard-Lyons Tax-Free Money Fund		X										X							X									
	First Tennessee Bank				X										X						X								
SP	First Tennessee Bank		X												X					X									
	Knox Electric Rev. 3.70% bonds					X									X								X						
	Tenn. HDA Issue WR, 3.50% bonds	X													X					X									S Redeemed
	Tenn. HDA Issue WR, 3.50% bonds	X													X					X									S Redeemed
	Tenn. HDA Issue WR, 3.75% bonds	X													X						X								S Redeemed
	Tenn. Housing Dev. 4.40% bonds					X									X								X						
	Kingsport, TN G.O. 4.90% bonds				X										X							X							
	Kingsport, TN G.O. 4.2% bonds					X									X								X						
	Cleveland, TN G.O. 4.0% bonds				X										X								X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES H. QUILLEN

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Memphis, TN G.O. 3% bonds	X													X									X					S Redeemed
	Memphis, TN G.O. 3.40% bonds					X									X									X					
	Anderson Co., TN Rural H.S., Ser. 93, 3.50% bonds						X								X								X						
	Sevier Co. Util. Dist., Gas Rev. AMBAC, 4.25% bonds	X													X					X									S Redeemed
	Metro Nashville G.O. 3.75% bonds								X						X									X					
	Rutherford Co. G.O. Capital Outlay 3.80% bonds				X										X							X							
	Knox Co., TN G.O. 4.60% bonds								X						X									X					
	Murfreesboro, TN G.O. 3.60% bonds				X										X						X								P
	Wilson Co. Tenth Sp. Sch. Dist. 4.70% bonds					X									X							X							P
SP	Knoxville, TN Electric Rev. 3.70% bonds				X										X						X								
SP	Tenn. HDA Issue WR, 3.75% bonds				X										X						X								S Redeemed
SP	Kingsport, TN G.O. 4.90% water bonds			X											X						X								
SP	Kingsport, TN G.O. 4.20% bonds		X												X					X									
SP	Hamilton Co., TN G.O. 4.30% bonds					X									X								X						
SP	Murfreesboro, TN G.O. 3.60% bonds			X											X					X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES H. QUILLEN

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Sumner County 4.25% bonds	X													X						X								P 6/29/95 S 7/18/95
	Sevier County 3.85% bonds						X								X				X										P 11/9/95
SP	Sumner County 4.25% bonds	X													X						X								P 6/30/95 S 7/18/95
SP	Sevier County 3.85% bonds			X											X				X										P 11/9/95
	Shelby County, TN 4.2% bonds				X										X							X							
	Sumner County 4.00% bonds							X							X									X					
	Shelby County G.O. Ser. B 4.25% bonds					X									X								X						
SP	Sullivan Co. Hlth., Ed., & Hsg. bonds	X													X						X								S 2/15/95
	Johnson City Wofford Brothers note receivable							X							X										X				
	SIHARCO note receivable							X							X										X				
	Non-competitive Agreement - STHARCO Kingsport Development Company					X							Non-competitive Agreement											X					
	Non-competitive Agreement - Johnson City Insurance Wofford Brothers					X							Non-competitive Agreement											X					
	Land - E. Stone Dr., Kingsport, TN								X										X										
	Oil Royalties - Oklahoma	X											Oil Royalties							X									
	First Tennessee Bank - IRA		X										IRA Distribution																

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES H. QUILLEN

Page 5 of 5

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	First Tennessee Bank – IRA			X									IRA Distribution								X								

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Name JAMES H. QUILLEN | Page 1 of 1

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10-12-95		X								
	Tenn. HDA Issue WR 3.50% bonds redeemed		X		1-3-95		X								
	Memphis, TN G.O. 3% bonds redeemed		X		3-1-95							X			
	Sevier County Util. Dist. Gas Rev. 4.25% bonds redeemed		X		5-1-95		X								
	Tenn. HDA Issue WR 3.50% bonds redeemed		X		7-1-95		X								
	Tenn. HDA Issue WR 3.75% bonds redeemed		X		7-1-95			X							
	Tenn. HDA Mtg. Finance Prog. Series C 4.90% bonds	X			4-7-95				X						
SP	Tenn. HDA Issue WR 3.75% bonds redeemed		X		7-1-95			X							
	Murfreesboro, TN 3.60% bonds	X			7-18-95			X							
	Sumner County 4.25% bonds	X			6-29-95				X						
	Sumner County 4.25% bonds		X		7-18-95			X							
	Wilson County 4.70% bonds	X			5-3-95				X						
	Sevier County 3.85% bonds	X			11-9-95					X					
SP	Sumner County 4.25% bonds	X			6-30-95		X								
SP	Sumner County 4.25% bonds		X		7-18-95			X							
SP	Murfreesboro, TN 3.60% bonds	X			7-18-95		X								
SP	Sullivan County Health, Ed., & Hsg. bonds		X		2-15-95				X						

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Name James H. Quillen | Page 1 of 1

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Maritime Officers Service		12-31-94 1-3-95	Tri-City, Tenn.-Ft. Lauderdale Florida-Tri-City, Tenn.	Y	Y (partial)	Y	4 Days

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May 24, 1996

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Dear Ms. Carle:

Re: Amendment to Financial Disclosure Statement for 1995

The following information is submitted to amend my 1995 Financial Disclosure Statement per Frances Currie's telephone conversation with David Laufman.

Schedule III, page 3, Item 7 - Knox County, Tn. 4.60% G.O. bonds - Purchased 3/2/95. The purchase and purchase date were omitted on original filing in Transactions, Block E, and Schedule IV, Transactions.

Schedule III, page 3, Item 14 - Spouse owned Hamilton County, Tn., 30% G.O. bonds - Purchased 2/7/95. The purchase and purchase date were omitted on original filing in Transactions, Block E, and Schedule IV, Transactions.

Sincerely,

James H. Quillen

James H. Quillen

Ms. Robin H. Carle
The Clerk
U. S. House of Representatives
1036 Longworth House Office Building
Washington, D.C. 20515-6612

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

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JACK QUINN
(Full Name)

331 CANNON HOUSE OFFICE BUILDING
WASHINGTON DC 20515
(Mailing Address)

202-225-3306
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives State: NY District: 30	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A **$200 *penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Jack Quinn

DATE (Month/Day/Year) May 13, 1996

Name JACK QUINN Page 1 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	O.L.V. HOSPITAL 55 MELROY LACKAWANNA NY 14218	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JACK QUINN

Page 2 of 3

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	A	B	C	D	E	F	G	H	I	J	K	BLOCK C						I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP.	Examples — SP Mega Corp. Stock				X								X							X									P
DC.	Examples — 123 Main St., Dover, Del.							X						X											X				
JT	Examples — 1st Bank of Paducah, KY accounts					X									X							X							
JT	KEY BANK NA CD ACCOUNTS			X									X								X								P (PARTIAL)
JT	MUTUAL FUNDS WASHINGTON MUTUAL		X										X							X									
DC	MUTUAL FUNDS (SAME)		X										X							X									
DC	MUTUAL FUNDS (SAME)		X										X							X									
JT	PAYROLL SAVINGS KEY BANK		X										X							X									

For additional assets and unearned income, use next page.

Name JACK QUINN

Page 3 of 3

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	x			10–12–95		x								
JT	CD KEY BANK NA HAMBURG NY	X			8-95	X									

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